



THE SITUATION OF ELDERLY PEOPLE IN TURKEY AND NATIONAL PLAN OF ACTION ON AGEING

STATE
PLANNING
ORGANIZATION

2007



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ACRONYMS AND ABBREVIATIONS

| | |
|-----------|--|
| CCA | : Common Country Assessment |
| DİSK | : Turkish Confederation of Revolutionary Trade Unions |
| EES | : European Employment Strategy |
| EU | : European Union |
| GEBAM | : Geriatric Sciences Research Center |
| GDP | : Gross Domestic Product |
| GNP | : Gross National Product |
| HİA | : Household Labor Force Survey |
| ILO | : International Labor Organization |
| IPTOP | : International Association of Physical Therapists Working with Older People |
| ISASF | : Incentive for Social Assistance and Solidarity Fund |
| IULA-EMME | : International Union of Local Authorities – Eastern Mediterranean and Middle East |
| MDG | : Millennium Development Goals |
| MESEV | : National Education Health Education Foundation |
| NATO | : North Atlantic Treaty Organization |
| OECD | : Organization for Economic Cooperation and Development |
| OSCE | : Organization for Security and Cooperation in Europe |
| PRSP | : Poverty Reduction Strategy Paper |
| SHÇEK | : Social Services and Child Protection Agency |
| SSI | : Social Insurance Institution |
| TDHS | : Turkish Demographic and Health Survey |
| TFR | : Total Fertility Rate |
| TURSTAT | : Turkish Statistical Institute |
| TÜRYAK | : Turkish National Association for Gerontology |
| UN | : United Nations |
| UNDAF | : United Nations Development Assistance Framework |
| UNFPA | : United Nations Population Fund |
| YDM | : Solidarity Centers for Elderly People |
| YG | : Local Agenda |
| WHO | : World Health Organization |

PREFACE

Ageing of the population is one of the most important demographic facts that came to the foreground in the 21st century. In the whole world, people live longer, birth rates decrease and consequently the elderly population increases both numerically and pro rata. Ageing of the population affects all facets of the society to include health, social security, environment-related issues, education, business opportunities, socio-cultural activities and family life.

Often more visible in developed countries, ageing is an issue that needs to be appraised with much significance also in developing countries just like developed countries. Researches held point out that our country is making a transition to a new demographic structure. It is foreseen that in near future the total fertility rate which is currently 2.23 will drop to replacement level, and as a result, the number of children and the young population will decrease over time and the share of the elderly population within the overall population will increase. In developed countries, several studies and assessments are conducted on the effects of ageing of the population on the socioeconomic structure, while efforts to ensure that elderly people continue with their lives without being detached from social life gain importance. Proper evaluation of the changes in the demographic structure of Turkey and the reflections thereof would ensure determination of the possible consequences of ageing before the issue turns into a problem for the country. The requirement for policies concerning ageing would be better understood taking into consideration that the ratio of population over 65 years of age in Turkey which was 5.7 in 2005 is to reach 17.6 by 2050. This report has been drafted with the aim of serving as a starting point in the development and implementation of policies concerning the issue of ageing.

The foundation of the studies that lead to this report was laid upon the “International Plan of Action on Ageing” prepared with the purpose of improving the quality of living for the elderly population, ensuring their social integration, resolving their sustenance and health problems and the formation of policies that encompass all age groups during the Second United Nations World Assembly on Ageing held in Madrid, Spain between 8 - 12 April 2002.

The “International Plan of Action on Ageing” prepared during the Second World Assembly on Ageing, participated by the Undersecretariat of State Planning Organization, General Directorate of Social Services and Child Protection and non-governmental organizations from our country related to the issue, incorporates important measures for our country the population of which has a tendency for ageing in the long term and serves as a recommendation in this respect. The work comprising of the determination of the proceedings that need to be implemented in this plan of action, planning of the inter-segmental activities, provision of the implementation of the determined actions and the monitoring of these activities has been initiated by the Undersecretariat of State Planning Organization and the General Directorate of Social Services and Child Protection.

Through the coordination of the Directorate General for Social Sectors and Coordination with the Undersecretariat of State Planning Organization and the cooperation of the Social Services and Child Protection Agency, the “National Committee” consisting of the representatives of the United Nations Population Fund, various public institutions and organizations, universities and non-governmental organizations finalized in 2005 the studies initiated in April 2004 and

drafted the enclosed report on “The Situation of the Elderly People in Turkey and the National Plan of Action on Ageing”.

In this report, the current situation of the elderly people has been analyzed and the actions to be implemented concerning ageing have been established. The current situation analysis incorporated Turkey’s profile and demographic structure, analysis concerning the status and development of the elderly population, the services offered to elderly people, policies implemented and international commitments.

The section comprising the actions to be implemented includes current situation analyses on the topics of Elderly People and Development, Increasing of Health and Well Being at Old Age, Provision of Supportive Surroundings Offering Various Facilities to Elderly People and recommendations on these actions.

The actions referred to in this report would only be enforceable through effective participation and sensitivity of all related parties. The report includes actions that would guide the related parties. Such action needs to be supported through programs and projects involving prioritization studies and detailed implementation plans.

I would like to thank all the participants who made contributions to the report, State Planning Organization personnel who coordinated the drafting process of the report, Social Services and Child Protection Agency personnel who provided secretarial services, distinguished representatives of the public institutions and organizations, non-governmental organizations and universities, United Nations Population Fund who did not spare its financial support required for preparing the report for publication and the Geriatric Physiotherapy Association who prepared the report for publication for their active participation and support.

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INTRODUCTION

Looking at the social patterns about elderly people and old age in our country from a historical point of view, we see that the elderly - whether female or male - is always protected at the times of ancient Turks. As the tribal lifestyle developed, elderly people were acknowledged to be much worthwhile and respected people within the society on account of their wide experiences.

Starting with the period of the Republic, social life and family life witnessed rapid and significant changes in Turkey. These rapid changes affected social institutions, behavior and values and the changes in the family life affected the status and the functions of the elderly. However, as the family structure changed in Turkey, the functions in the family did not change in the same direction. While the crowded family divided into nuclear families, the family and kinship systems developed as far as functionality is concerned. In conclusion, in rural and urban areas, although families live in separate domiciles, mutual assistance and support is counted on between relatives. Besides financial support, assistance in child care is sought from parents, while older children assume the responsibility for caring for and sustenance of elderly parents.

As in all other countries, the conception of old age and policies concerning therewith have to be reviewed in our country, too. Perspective on ageing incorporates aspects such as integration with the society, regaining the once lost status and roles, increasing functions and effective use of spare time, besides provision of care for the elderly people.

However, association and identification of ageing with death brings with it various stereotypes and beliefs. In the society, the word elderly evokes an unhappy and lonely dependent individual with walking difficulties, close to change and whose social relations have weakened. Positive aspects of old-age such as experience and wisdom tend to be neglected and negative aspects emphasized, disregarding many elderly people who enjoy an active and healthy ageing process. As per the stereotypes mentioned here, the elderly individual has various worries concerning his or her health, losing his/her control or independence or being excluded from the society. Elderly individuals' adoption by of the negative qualities assigned to them by the society, their fears of losing their independence and becoming dependent on others in carrying out their basic functions and meeting their basic needs generate an adverse effect on their quality of life. Even if he/she does not like such approach by the society or else feel old, the elderly individual tends to act in keeping with his/her age starting with "the point at which he/she accepts himself/herself as old".

In our day, policies and programs on ageing focus on increasing the quality of life and health in general. The target is a productive, successful and independent ageing process. Successful ageing is not a notion merely about health but it rather signifies the presence of a complete state of wellness as far as also social and psychological aspects are concerned. The length of a lifetime, biological and mental health, cognitive competence, social competence, productivity, self-control and enjoyment of life are the main indicators of successful ageing. Successful ageing of individuals is not concerned only with their personal characteristics, but at the same time closely

related with the support services involving psycho-social, economic and physiological qualities to be provided to them by the public.

The pleasant thing is that, lately in our country, the viewpoint on ageing tends to comprise and draw attention to the overall aspect of healthy ageing, rather than remaining solely within the traditional values concerning the dimensions of respect and protection. Thus, a new look upon ageing at a scientific level has started to be developed through the opening of geriatric units, centers and unions, thanks to the contributions of non-governmental institutions to start with universities.

This report is made up of two basic parts which are the current situation analysis and the plan of action. The first part of the report includes Turkey's profile and demographic structure, analyses on the status and development of the elderly population, services offered to elderly people, policies implemented and international undertakings.

The second part is based upon the Commission reports under the headings Elderly People and Development, Increasing of Health and Well Being at Old Age, Provision of Supportive Surroundings Offering Various Facilities to Elderly People.

The First Commission Report on "Elderly People and Development" includes current situation analyses on active participation of elderly people to the society and the development process; working and ageing workforce; rural development, migration and urbanization; access to education and training; solidarity between generations and elimination of poverty, and the correspondent Actions to Be Taken.

In the Second Commission Report on "Increasing of Health and Well Being at Old Age", objectives concerning developing lifelong health and increasing well-being; providing full access to healthcare services; elderly people and HIV/AIDS; training of healthcare providers and healthcare personnel; requirements concerning the mental health of elderly people and elderly people and disability were set and current situation analyses were conducted. These efforts were followed by the listing of correspondent Actions to Be Taken.

The Third Commission Report on "Provision of Supportive Surroundings Offering Various Facilities to Elderly People" elaborates on the current situation in Turkey concerning dwellings and living quarters for elderly people; supporting of care providers for elderly people; Negligence, abuse and violence against elderly people and the approach to ageing, provides the corresponding current situation analyses and the plans of action.

1. SITUATION ANALYSIS

1.1. TURKEY'S PROFILE

1.1.1. Geographical Structure

Situated on a setting where three continents intersect, uniting the east with the west and the north with the south, Turkey is a European, Balkan, Caucasian, Middle East, Mediterranean and Black Sea country.

With a surface area of 774,815 square kilometers, 97 per cent of Turkey's territory is located in Asia and the remaining 3 per cent in Europe. Its population density as of the year 2000 is 88 persons.

1.1.2. Historical Situation

The Seljuk Turks who settled down in the Anatolian Peninsula following the Battle of Manzikert (Malazgirt) in 1071, reigned in this area for two hundred years. The Ottoman Empire which was built in Anatolia at the beginning of the 14th century has been one of the primary powers of its era for a long period of time. The Republic of Turkey was established on 29 October 1923, following the decline of this Empire. Turkey was conceived as a modern nation through the successful reforms instituted by Mustafa Kemal Atatürk, the founder of the Turkish Republic. The Turkish Republic always pursued a pacifist policy, starting with its first establishment. Turkey's foreign policy was based upon the fundamental principles of stability and welfare, pursuing amicable and mutually beneficial relationships with all nations, supporting regional and international cooperation programs, making efforts to always resolve conflicts through peaceful means and contributing to regional and international peace.

Turkey is a member of the North Atlantic Treaty Organization (NATO), Council of Europe, Organization for Economic Cooperation and Development (OECD), Organization for Security and Cooperation in Europe (OSCE), Organization of the Islamic Conference (OIC) and Black Sea Economic Cooperation (BSEC). Turkey is at the same time a candidate country for EU full membership.

1.1.3. Administrative Structure

The Republic of Turkey is a democratic, secular and social state of law. Its administrative structure consists of the legislative, executive and judicial bodies based on the principle of devolution of power. The legislative power is exercised by the Turkish Grand National Assembly on behalf of the Turkish people; the executive power by the President of the Republic and the Council of Ministers and the judicial power by independent courts. Constitutional provisions are the fundamental rules of law which are binding upon legislative, executive and judicial bodies, administrative authorities and all other bodies and individuals.

The Turkish Grand National Assembly is made up of 550 parliament members who are elected every five years by general ballot. The President of the Republic is assigned by the Turkish Grand National Assembly. The central authority consists of the President, the Prime Minister and Ministers.

Judges are independent in their decisions. No body, authority, agency or individual may give orders or instructions to courts or judges concerning the exercise of judicial power. The Supreme Court acts as the court of appeals.

1.1.4. Economic Structure

The Republic of Turkey adopted various development strategies since its first establishment. In the early years of the Republic, an essentially agricultural policy was pursued. Nevertheless, successful programs towards industrialization were implemented as the state started to more intensively intervene with economic life.

Throughout the planned development process initiated in the 1960s, acceleration of capital accumulation, strengthening of the private sector through incentive policies, acceleration of industrialization and meeting of infrastructural and super-structural needs that had arisen as a result of urbanization and the increase in the population were emphasized through significant intervention on the part of the state in economic life, within a democratic social structure and a relatively more closed mixed economical arrangement.

The first Five Year Development Plan was started to be implemented after 1960 and the first economic development plan was put into effect in 1963. Liberalization of international capital movements and restructuring of the public sector were the main economic policies implemented as of 1989.

Turkey has realized a significant transformation from an introvert economy based on import substitution to an extrovert economy integrated with the world in almost all sectors. Within this striking transformation, its foreign trade regime was revised in full and simplified. Import quotas were eliminated altogether and import restriction was limited to war items and medicines. Comprehensive reforms were initiated also in the finance sector in parallel to the effective changes realized in the foreign trade regime.

Over time, the average economic growth rate steadily increased. From 1971 - 1980, average Gross National Product (GNP) growth rate per year was realized as 4 per cent; in the 1981 - 1990 period, it increased to 5.3 per cent and in the 1991 - 1997 period it was 4.8 per cent. In 2004 and 2005, GNP rate was realized as 10.0 per cent and 5.0 per cent, respectively. Income per capita was US\$ 1,200 in 1980 and it increased to US\$ 4,982 by 2005. It is expected to increase to US\$ 5,621 in 2007.

Liberalization of the foreign trade regime played an important role in Turkey's becoming a worldwide exporter exporting mainly industrial products, whereas it used to be an agricultural exporter realizing commercial transactions with neighbor countries to a large extent.

Looking at the inflation figures, it stands out that the persistent high inflationary structure was not broken until the recent years. Turkey's inflationary structure was set out to be broken through the program that started to be implemented in 2000, but it could not be realized due to the problems that occurred in the program at the point of escaping from the financial crises it encountered. The economic programs

implemented during the following years, the environment of macro-economic stability and the reforms instituted reduced annual inflation rate to as low as 10.7 and 10.3 per cent in 2004 and 2005, respectively.

Since its establishment, the Turkish Republic has always struggled to make up the difference between herself and the developed countries as far as development level is concerned, while trying to build up a modern society integrating contemporary values, at the same time protecting its traditional values and cultural accumulations. It is very important that these efforts are continued with much more impact within the process of integrating with the European Union (EU). Rapid and healthy finalization of this process that puts a specific program based on a timetable in front of Turkey would be dependent upon best possible employment of our country's manpower, knowledge and initiative capabilities and sustaining of the reform efforts with determination.

In today's world of rapid globalization, the development approach of Turkey that focused mainly on industrialization at the beginning of the planned development period transformed, through a series of structural reforms realized in several areas, into an approach that focuses on building a powerful, stable and modern country from all points of view, where fundamental freedoms are highlighted, the rule of the law is implemented with strict observance and the foundations of an information society are laid. Within this framework, the cornerstones of this new development approach are provision of macroeconomic stability, building up of an institutional capacity that can rapidly adapt to changing conditions, improvement of the environment of investment and institution of a social policy that protects individuals and different social segments equitably.

Taking into consideration the global economic and commercial changes and developments, it becomes very important that the macroeconomic stability achieved during the recent years is proceeded, the environment of sustained growth is created, institutional and traditional structures that impede rapid development are improved and the infrastructure required for all these changes is established.

In line with the objective of realizing radical changes in the area of regional development, the importance of which has increased even further on account of the rapidly changing worldwide and domestic conditions, international competition carried over to the regional and local levels and the target of EU membership; implementation of a thoroughly participatory development approach based on local potentials and dynamics will be one of the distinguishing qualities of the Ninth Development Plan envisaged to be implemented during the 2007-2013 period. This will ensure acceleration of the overall development process, while at the same time reducing the interregional imbalances.

1.1.5. Demographic Structure

Ageing of a population signifies a decrease in the percentage of the children and youngsters in that population and a relative increase in the percentage of aged persons (of 60 or more or 65 or more years of age). Ageing or growing old of people is a physiological process. This process which is biologically inevitable has health-related, social, cultural and economic dimensions.

The 20th century has been a turning point in the history of mankind as far as the change that occurred in the age structure of the world population, and the elderly population increased dramatically especially as of the second half of 20th century. This worldwide increase in the elderly population occurred as a result of the considerable decreases observed in the birth rates in many parts of the world, increasing of the average life span thanks to the developments realized in nourishment and basic healthcare services, and the regression of infant and child mortality rates to controllable levels. Life expectancy at birth, especially in Europe, has recorded an increase of 20 years in the first half of the century, and this increase is expected to increase by 10 more years until 2050.

Another factor that caused an increase in the percentage of the elderly population within the overall population in the 20th century was the decrease in the fertility rate almost in the entire world, especially as of the second half of the century. Total Fertility Rate (TFR) worldwide average fell down to as low as 2.8 live births per woman in 2000, when it was 5 in 1950s, as a result of the decrease observed in the fertility rate. Within this period, the TFR decrease in developing countries with quite high TFR rates in the half of the century realized as higher compared to developed countries. According to United Nations projections, the TFR rate in underdeveloped countries, calculated as 5.4 in the 1995-2000 period, will fall below 2.5 in the 2045-2050 period, and the TFR rate in developing countries calculated as 3.1 to 2.0. Meanwhile, an increase is expected in the fertility rate in developed countries which currently have a fertility level below renewal level and the TFR rate is expected to increase from 1.6 to 1.9 over the same periods. In the whole world, the population with 65 and more years of age as of 2004 is approximately 448 million. While currently the total world population of people with 65 or more years of age represents 10 per cent of the overall population, it is expected for this percentage to exceed 16 per cent by 2050. The main reason for the more rapid increase in the aged population compared to other age groups is the decrease in fertility rate. Both proportional and numerical increase in the aged population following the decrease initially in the child population and subsequently in the young and middle aged population is inevitable, as it is consequence of the fact that fertility rate dropping below renewal level. While there were 22 countries with fertility rates below renewal level in 1975 in the whole world, today this number increased to 70 and it is projected to increase to 120 by 2025. On the other hand, increase in the life expectancy at all age groups as a result of the developments in the healthcare area cause an increase in the number of people in the elderly age group each year.

In industrialized countries which have been faced with the fact of ageing population for many years, significant studies were held on health-related, social and economic requirements and expectations of this age group and on the changing socio-economic structure of the society, and important advances were achieved in resolving their problems. The real problem is one of the developing countries' in this sense. As the issue of ageing population arose after the society had reached both economic and social welfare in industrialized countries, restructuring of the required changes and meeting the needs of the elderly population did not cause significant problems in their economies. Ageing population in developing countries which are yet to achieve a certain welfare level is therefore an alarming situation.

The censuses held during the period from the establishment of the Republic of Turkey until today are considered as the most important source of data for working out the change in Turkey's population in terms of both dimension and content. Table 1.1 shows the percentage distribution of age groups within the overall population over the years from 1935 to 2000. We see that, in our country, the share of the elderly population within the overall population has remained under 5 per cent until the end of the 20th century. According to the 2000 census results, the population aged 65 and over, which was 3.858.949, represented 5.7 per cent of the overall population. Men represent 45.3 per cent and women 54.7 per cent of the elderly population.

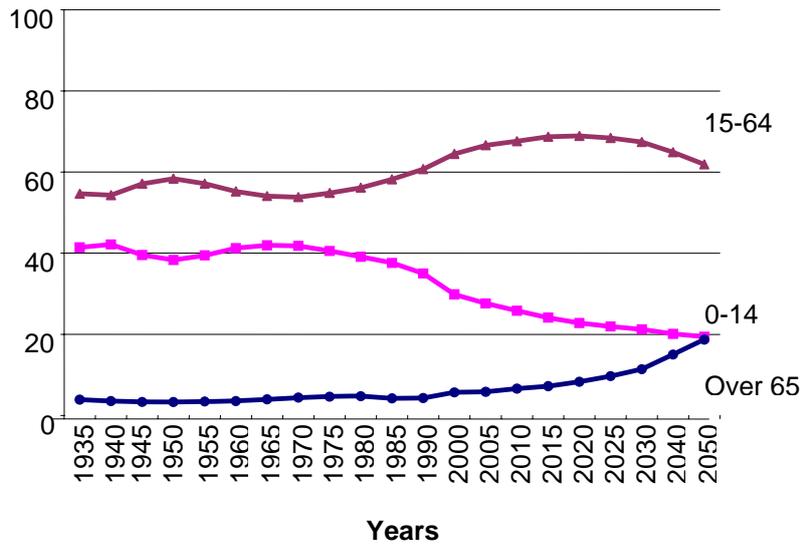
Table 1.1: Percentage Distribution of Age Groups within the Overall Population, Census Results (1935-2000)

| Year | Total Population | Age Groups (percentage) | | |
|------|------------------|-------------------------|-------|--------------------|
| | | 0-14 | 15-64 | 65 years and above |
| 1935 | 16,158,385 | 41.4 | 54.7 | 3.9 |
| 1940 | 17,820,950 | 42.1 | 54.3 | 3.5 |
| 1945 | 18,790,174 | 39.5 | 57.1 | 3.3 |
| 1950 | 20,947,188 | 38.3 | 58.4 | 3.3 |
| 1955 | 24,064,763 | 39.3 | 57.3 | 3.4 |
| 1960 | 27,754,820 | 41.2 | 55.2 | 3.5 |
| 1965 | 31,391,421 | 41.9 | 54.1 | 4.0 |
| 1970 | 35,605,176 | 41.8 | 53.8 | 4.4 |
| 1975 | 40,347,719 | 40.6 | 54.8 | 4.6 |
| 1980 | 44,736,957 | 39.1 | 56.1 | 4.7 |
| 1985 | 50,664,458 | 37.6 | 58.2 | 4.2 |
| 1990 | 56,473,035 | 35.0 | 60.7 | 4.3 |
| 2000 | 67,803,927 | 29.8 | 64.5 | 5.7 |

Source: Turkish Statistical Institute, Censuses.

Calculations based on the assumption that current demographic trends would continue signify that the 21st century will be a century of the elderly also in Turkey, in parallel to the expectation in the whole world. It is expected that together with the changing age structure, the elderly population will gain importance on social, demographic and economic terms also in Turkey, especially in the second half of the century. According to the Turkish Statistical Institute projections, the elderly population counted as 3.9 million in the 2000 Census is forecasted to represent 19 per cent of the overall population by 2050. Graph 1 shows percentage distributions of age groups by census years and Turkish Statistical Institute population projections. Looking at the percentage change of age groups within the overall population in the 2000-2050 period, we see a significant increase in the elderly population compared to other age groups. It is foreseen that Turkey will have an elderly population of approximately 16 million in 2050. On the other hand, the percentage difference between the 0-14 age group and the elderly group seems to fade around the middle of the century. This would have significant consequences as far as the targeted and pursued plans and programs are concerned.

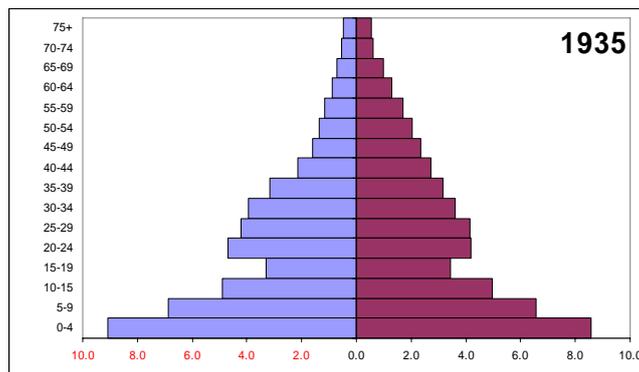
Graph 1: Percentage Distribution of Age Groups, Turkey 1935-2050

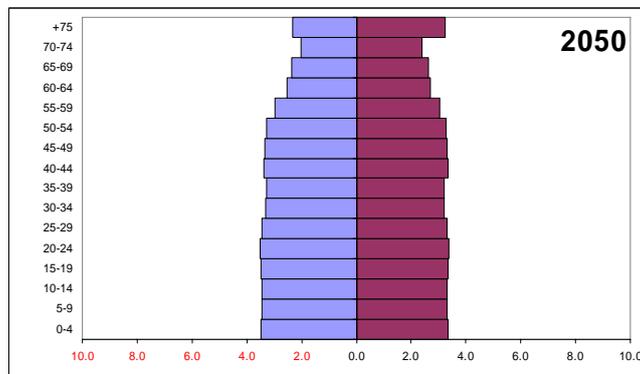
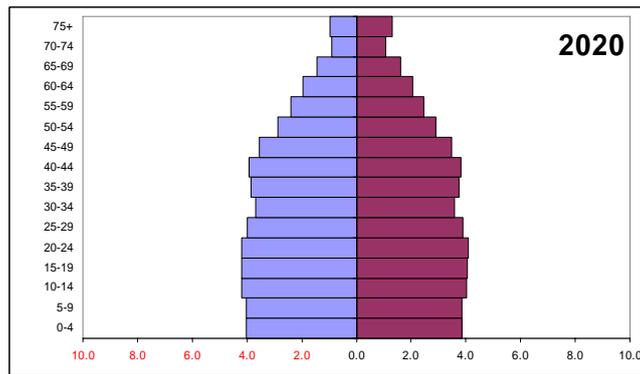
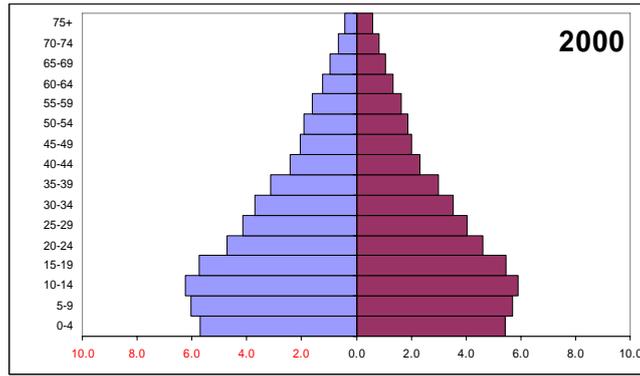


Age pyramids are tools frequently used for visually illustrating the age structure of the population. Graph 2 shows the age pyramids drawn for selected years. Looking at the percentage changes of the age groups of 5 during the period from 1935 to 2000, we see a clear increase in the elderly population. (Census results were used for the 1935-2000 period and the Turkish Statistical Institute projections for the years that followed.)

The age pyramids prepared similarly using the Turkish Statistical Institute projections signify probable dimensions of the elderly population in the light of the changes foreseen for the future. Turkey is foreseen to reach a population structure resembling the one currently seen in developed countries towards the middle of the century.

Graph 2: Age Pyramids, Turkey 1935, 2000, 2020, 2050





The findings of the 2003 Turkish Population and Health Survey, which provides the most up-to-date data on the Turkish population, has shown that the share of the elderly population among all age groups was approximately 5.6 per cent in 2005. Accordingly, with 5 million elderly people, Turkey has an elderly population more than the overall populations of a number of countries. Looking at the demographic changes in Turkey, the increase in the elderly population is evident. A significant decrease is observed in the fertility rates since 1950s, as a result of the abandoning of the post-Republic policies encouraging fertility, taking into consideration the worldwide demographic changes and the requirements of the country in the middle of the century. The fertility rate forecasted as over 6 in 1950s declined to as low as 2.2 in the forecasts of the 2003 Turkish Population and Health Survey. This decline accelerated especially in 1970s and a reduction of 61 per cent was observed over an approximately 30-year period. Besides the decline in the fertility rate, infant and

child death rates also decreased rapidly, as a result of the increase in the antenatal and postnatal care and vaccination rates. Infant death rate which was forecasted to be over 230 per thousand declined to as low as 29 per thousand by 2000s, as a result of the advancements in the maternity and child health. Conversely, life expectancy has recorded a significant increase at all age groups, again as a result of the advancements in field of healthcare. Life expectancy at birth has recorded an increase of approximately 25 years since 1950 until the present. Life expectancy at birth is forecasted as 71.1 for 2004.

Being informed of the socioeconomic and demographic characteristics of elderly people is significant as far as meeting of this group's needs and expectations and planning of the services offered to all age groups of the population are concerned. However, the data received from the registration system of our country is rather limited. The 1998 and 2003 Turkish Population and Health Surveys are regarded as the national source of data in this sense. According to the results of the 2003 Turkish Population and Health Survey, there are significant differences in the relation between settlement centers and age structure. While the percentage of the elderly population is 6 per cent in urban areas, it is 9 per cent in rural areas. The main reason for this difference is migration of the young population to urban areas, but migration after retirement should not be overlooked, as well.

Then again, looking at the distribution of the population over 65 in terms of gender, we see that women represent a greater share compared to men. Women have longer average life spans compared to men also in our country, just as in the whole world. Life expectancy at birth forecasted as 68.5 for men and 73.3 for women, for the 2000-2005 period. This difference of approximately 5 years results in a higher share for women among the overall elderly population. As a reflection thereof, women represent 54 per cent of the overall elderly population. Looking at the women-men percentages within the overall elderly population, we see that women have greater percentages than men in almost all countries. The cultural desire for having a son arises as the reason for this divergence in some of the countries with higher percentage of men within the overall elderly population, and civil war or major waves of migration in others.

Ageing is an issue that needs to be assessed with ample significance in terms of developing countries, as well, and not just developed countries. Survey results signify that our country is making a transition to a new demographic structure. The decrease in the child and young population over time and the increase in the share of the elderly population within the overall population are foreseen as the reasons for the fertility rate to drop to renewal level. In developed countries, several studies and assessments are conducted on the effects of ageing of the population on the socioeconomic structure, while efforts to ensure that elderly people continue with their lives without being detached from social life gain importance. Proper evaluation of the changes in the demographic structure of Turkey and the reflections thereof would ensure determination of the possible consequences of ageing before the issue turns into a problem for the country.

1.2. THE SITUATION OF THE ELDERLY PEOPLE IN TURKEY

Old age is a relative concept. Every old person has his/her own biological background, work experiences and emotional life. Old age also differs from one society to another and in terms of the era in question. For every individual, social and cultural factors play an important role in the struggle against getting old and dieing. As a personal transformation, ageing signifies the decline of the person physically and mentally. Although ageing is related to the person himself or herself, social values and other factors determine the value and place the society places upon the elderly people and ageing. This makes ageing a social and cultural phenomenon, besides merely a biological one.

It would not be appropriate to reply the questions “who is an old person?” or “when does ageing begin?” with a single definition. Statistical methods are used in defining ageing in the fields related to retirement, insurance and planning. Although statistical data are required for demographic studies and analyses and social policies, they fall short in explaining the situation of the elderly people. The reason for this is the fact that realization speed and time of physiological ageing and mental and psychological ageing are quite different.

Ageing is an inevitable process which is relevant for all people, just as other phases of life. It happens sooner or later, problematic or problem-free, depending on the genetic features of the individual, his or her nutrition, environmental conditions and cultural efforts. In line with a World Health Organization categorization, the age group 45-59 is considered as middle age, 60-74 early old age and 75-89 late old age and 90 and above very old age. While biological ageing requires such a development, this assessment should not be perceived as definite and unchangeable. Although there may be a decline in the mental and physical capacities and a slowdown in the overall physical ability as a result of ageing, the individual in question may not *feel* old. Old age is not a stagnant and stable period of life. To the contrary, it involves the interaction of various powers. The basis of these powers accommodates the wisdom and insight of having been able to sustain one’s existence despite the strains of life’s all phases.

The issue of ageing in Turkey remains behind that of industrialized western societies on account of demographic, economic and socio-cultural structure related reasons. Nevertheless, this does not mean that there are no problems in this respect. As it is forecasted that in 2000s the elderly population of Turkey, as a developing EU candidate country, will double that of developed countries, the required measures have to be taken before ageing becomes a major problem of the society.

The issue of ageing is first of all qualified as a medical and social issue. In order to overcome any current challenges regarding ageing, ample importance must be placed upon the field of preventive medicine. One of the major problems of gerontology is how to make a distinction between the changes deriving from ageing and the changes deriving from diseases. To meet the challenges in this area, preventive medicine should be promoted further.

Participation in the process of education is important for individuals and the society. It is evident that societies with educated individuals advance more rapidly in the

development process. Education plays a major role in the welfare of communities both economically and socially. However, there seems to be a difference between female and male population in terms of participation in the process of education. Looking at the educational levels of the elderly population, we see that 84 per cent of women did not receive any education at all or dropped out of primary school. For men, it is 70 per cent. The share of women who received high school or university education within the elderly population is 2 per cent, and that of men is 4 per cent. In almost the entire world, elderly men are more advantageous compared to elderly women in terms of educational level and access to education. Differentiation between sexes in access to education becomes much more evident in underdeveloped and developing countries.

Looking at the marital statuses of the elderly population, we see that there is a difference between women and men, just as in all other countries. 86 per cent of men are currently married, while the ratio is only 45 per cent for women. Almost in all societies, probability of a man getting remarried when he loses his spouse is higher compared to women. While 53 per cent of women continue their lives as widowers, the percentage for men is 14 per cent. Although percentage of living as a widower increase with age both for women and men, the ratio is higher for women.

The fact that the attachment between family members is still strong in Turkey arises as a distinction compared to especially developed countries, as far as elderly people's preferences in determining their living quarters are concerned. Survey results indicate that 7 out of every 10 elderly persons live in the same house, building, street or neighborhood with their children. While no major distinctions exist between sexes in this respect, it is evident that the general tendency is to live with the children or very close to them. It may be considered that such preference would be quite advantageous socially and economically both for the elder person and his or her children.

It is important to be cognizant of the responsible persons in meeting the needs of the elderly population, as far as planning of the services offered is concerned. According to survey results, 43 per cent of the elderly population stated that they themselves have the principal responsibility in meeting their needs. The ratio is 27 per cent for women and 66 per cent for men. While 25 per cent of women cited their husbands as the person with principal responsibility for meeting the needs, the ratio is 4 per cent for men. 56 per cent of elderly women cited their children as the person with principal responsibility, while the percentage was observed as 27 per cent for men.

Entitlement of the elderly person to some kind of an income becomes important in terms of economic sustainability of his or her living. Survey results indicate that 56 per cent of the elderly population is entitled for some kind of income. On the other hand, there are significant differences between male and female elderly population in terms of being entitled to income. While 75 per cent of men are entitled for an income, the percentage drops down to 38 per cent for women. Looking at the analyses on the source of income, 46 per cent of elderly men cited their pension, while other sources cited were old-age pension and rental/interest income. Only 10 per cent of elderly men work. While only 6 per cent of elderly women are entitled for pension of their own, percentage of women who cited indirect pension as their source

of income was 16 per cent. 10 per cent of elderly women are entitled for old-age pension and only 1 per cent still work.

1.2.1 Legal Status

Following the proclamation of the Republic, boarding homes for elderly people were opened by municipalities, designated as homes for helpless people, for the poor, almshouses or rest homes, upon imposing of the liability to protect dependent (elderly) people and build and manage homes for them by Law No. 1580 that came into force in 1930. Also various associations, minorities and real persons opened such facilities to offer services to elderly people.

In accordance with the new Metropolitan Municipality Law No. 5216 adopted on 10 July 2004, duties and responsibilities of Metropolitan, county and first degree municipalities were substantially defined and a general provision was included concerning elderly people, stating that “methods suiting the conditions of the disabled, elderly, dependent and needy persons in offering relevant services.”

Based on Article 17 of Ministry of Health and Welfare Organization Law No. 3017, the Directorate General of Social Services was established in 1963 according to Article 4 of Law No. 225 with the purpose of organizing all kinds of social assistance and security services, caring for, lodging and rehabilitating dependent elderly people, children and disabled persons, and providing social security for poor people who are unable to work.

Article 61 of the 1982 Constitution has clearly defined the sub-groups that fall in the scope of Social Services, prioritized children, disabled and elderly people who are in need of protection, care, assistance and rehabilitation and issued the provision for the establishment by the state of organizations and facilities required in this respect.

Upon adoption of Social Services and Child Protection Agency Law No. 2828 drafted in line with such provision of the Constitution and came into force upon being published in the Official Gazette dated 27 May 1983, the principle of integrating social service activities under the inspection and supervision of the state, also ensuring volunteer contributions and participation on the part of the public, was taken up. Thus, the Social Services and Child Protection Agency (SHÇEK) founded by Law No. 2828 assumed the duty of “planning, managing and inspecting at local and national levels the entire systemized and programmed services with the aim of meeting the needs of specific requirement groups (family, child, disabled, dependent elderly and others) who suffer from economic and social deprivation, assisting in preventing and resolving of various problems and improving their life standards.”

In Item (d) of Article 3 of the Law, dependent elderly person is defined as “a person suffering from social and economic deprivation who is in need of protection, care and assistance” and in Paragraph 1 of Item (d) of the same Article, rest homes are defined as “social service boarding facilities established with the aim of protecting and caring for dependent elderly persons in a peaceful environment and meeting their social and psychological needs”. Care and Rehabilitation Centers, on the other hand, are defined as “social service organizations established with the aim of eliminating functional deficits of persons who fail to adapt to normal living conditions due to their physical,

mental or psychological disabilities, assist them in gaining abilities that would help them become self-sufficient or caring for those who fail to gain such ability”.

In Article 4 of the Law, elderly people have been included among those who are prioritized in the implementation of the social service programs.

In Paragraph (b) of Article 4 of the Law includes the provision “Forces shall be joined through the establishment of coordination and cooperation between Public Institutions and Organizations performing social service activities and the Volunteer Organizations, and current resources shall be made serviceable in the most productive manner” and Paragraph (f) includes the provision “establishment of social service organizations other than the ones subordinate to the Agency established with this law shall be subject to permission and such organizations shall be ensured to serve in accordance with the applicable service, performance and personnel standards and principles through the arrangements and measures to be implemented therefore.”

Directorate General for the Social Services and Child Protection Agency, assigned with “detection, protection, care, bringing up and rehabilitation of children and disabled and elderly people who are in need of protection, care and assistance according to Paragraph (b) of Article 9 of the Law, offer social services to elderly people through “Rest Homes and Care and Rehabilitation Centers for Elderly People”. These social services consist of the entire systemized and programmed services designed for the elimination of physical, psychological and social deprivations arising from the inherent and environmental conditions of the individuals and their families, which are beyond their control, meeting of their needs, assistance in the prevention and resolving of their problems and improvement and elevation of their life standards.”

Paragraph (f) of Article 9 of the Law includes the provision “Providing opinions and recommendations to Associations and Foundations with the purpose of guiding their activities in the area of social services and ensuring that the shares allocated to social services in their budgets are utilized properly and productively” and Paragraph (g) includes the provision “Setting the principles and tariffs, if any, related to establishment permits, all kinds of standards and performances of social service organizations to be established other than the ones subordinate to the Agency, inspecting them and interrupting the activities of the ones that fail to meet these provisions.”

The Social Services and Child Protection Agency’s Division on Services for Elderly People established in accordance with Paragraph (f) of Article 10 of the Law is assigned with the following duties and functions:

- Arranging, monitoring, coordinating and inspecting the services pertaining to detection, caring for and protection of the elderly people who suffer from social and economic deprivation,
- Planning, implementing and monitoring and coordinating the performance of activities pertaining to establishing of rest homes for elderly people and other social service facilities with similar qualities in a balanced manner across the country and on the basis of requirements and their dissemination within the framework of a program,

- Organizing and ensuring the performance of the activities pertaining to protection of elderly people in the society,
- Setting the principles for, providing guidance for, monitoring the implementation of, coordinating and inspecting the opening of, performance and inspection of organizations for elderly people to be established by public institutions, real persons and corporate bodies.

Articles 34 and 35 of Law No. 2828 include the provision “Establishment permits, standards and inspection principles of the private organizations to be opened shall be organized with a regulation.” In the light of these articles, Regulations for Private Rest Homes and Nursing Homes for Elderly People have come into force by being published in the Official Gazette numbered 23099 and dated 3 September 1997. These regulations aim at setting the establishment, service, personnel and performance conditions and remuneration, inspection, transfer and liquidation procedures and principles of rest homes and nursing homes for elderly people that belong to real persons and corporate bodies.

In accordance with the provisions of the Regulations for Private Rest Homes and Nursing Homes for Elderly People, elderly people at and over the age of 55 who suffer from social and/or economic deprivation and need the care services of an organization are settled in private rest homes for elderly people and those who are in need of special care are settled in nursing homes or long-term care facilities for elderly people.

The “Administration for Disabled People” was established on 25 March 1997, with decree law no. 571, with the purpose of performing services aiming at disabled people, ensuring the coordination between national and international organizations and assisting in the institution of national policies. Within the framework of the “Law on Disabled People” that came into force on 1 January 2005, provisions pertaining to elderly people concerning preparation of programs for early diagnosis, assessment and treatment of disabilities of elderly people were included and the name of “Division on Services for Elderly People” was changed as “Division on Care Services for Elderly People”.

Also, social security services for elderly people who became entitled to receiving pension after having worked for a specific period of time in order to guarantee his/her social security are managed in accordance with the provisions of the below-stated laws:

Pension Fund for Civil Servants

- Pension being a member of the Pension Fund for Civil Servants IAW Law No. 5434,
- Pension for Over 65 Years of Age IAW Law No. 2022,

Social Insurance Institution

- Old Age Insurance IAW Law No. 506,
- Old Age Pension for Participants of Banks, Insurance and Reassurance Companies IAW Article 20 of Law No. 506,
- Old Age Pension for Agricultural Workers IAW Law No. 2925,

Law on Tradesmen and Craftsmen and Other Freelance Workers

- Old Age Pension for Tradesmen and Craftsmen and Other Freelance Workers IAW Law No. 1479,

- Old Age Pension for Self-Employed Freelance Agricultural Workers IAW Law No. 2926
- Old Age Pension for Those Who Pay Contribution IAW Law No. 4697 on Private Pension, Savings and Investment System,
Law No. 7397 on Insurance Control/Supervision

1.2.2. Policies Implemented

In line with the principles foreseen by Law No. 2828, current services aimed at elderly people are offered within the framework of the provisions of three regulations, which are:

- 1- Social Services and Child Protection Agency Regulations for Rest Homes and Rest Homes and Care and Rehabilitation Centers for Elderly People,
- 2- Regulations for Private Rest Homes and Nursing Homes for Elderly People,
- 3- “Regulations on Establishment and Performance Principles of Rest Homes for Elderly People” to be established within Public Institutions and Organizations.

Also, the planned development efforts initiated in 1963 in Turkey have been pursued until the present through the five-year development plans with the purpose of developing policies in all areas. Policies aiming at elderly people have almost always been included in these plans, the eighth of which is on the agenda currently, sometimes under social security and at other times under social services headings.

Policies pertaining to services offered to elderly people included under the heading Social Services were covered in the development plans as follows:

In the First Plan (1963-1967), it was covered mainly in terms of caring for elderly people and allocations were made in the plan for equipment and requisites for nursing homes for elderly people. The policy that does not limit the services to be offered to elderly people with public institutions assigned duties also to volunteer organizations in this respect. Meanwhile, formation of a coordination committee to be responsible for the coordination between public organizations and volunteer organizations was aimed at

In the Second Plan (1968-1972), policies pertaining to elderly people covered under the heading social welfare services were planned in line with the concept of social welfare state. While volunteer organizations were referred to in terms of offering services, the cooperation between local governments and the Ministry of Health and Social Assistance was taken as basis and formation of a coordination committee for the conduct of services was recommended.

In the Third Plan (1973-1977), centralization of service-related activities was recommended, as the coordination committees referred to in the previous plans had not proven to be functional. Also, the problems that arose from failing to effect the required legal arrangements that would ensure financial, administrative, personnel-related and service standard-related integration until the period of this plan were pointed out.

The elderly people who are not included in the scope of insurance as foreseen by the Third Plan and who are deprived of traditional solidarity would be prioritized and

services offered by central and local governments and volunteer organizations would be reorganized within a single system to this end.

In the Fourth Five-Year Development Plan (1979-1983), services offered to elderly people were covered under the heading social security under three focal points. The first focal point involves establishment of rest homes for elderly people, improvement of already existent ones and central conduct of the related services by the Social Services Institution, the second one involved acceleration of Ministry of Health and Social Assistance investments concerning rest homes for elderly people and the third one involved the rest homes established by private entrepreneurs and encouragement of such services. This plan differs from others in the sense that in the relevant period the etatist approach shifted towards private entrepreneurship and social services got institutionalized and became organized as a commercial sector.

The Fifth Five-Year Development Plan (1985-1990) included heading pertaining to promoting the private sector and in this plan the coordination between public institutions/organizations and volunteer organizations concerning service integration was featured. The principal viewpoint that stands out from this plan was prioritizing of dependent elderly people. The aim was increasing the quantity and the quality of the rest homes to the adequate level, with the purpose was protecting dependent elderly people in peaceful surroundings, caring for them and meeting their social and psychological needs.

The Sixth Five-Year Development Plan (1990-1994) differed from other plans in the sense that emphasis was placed upon caring for elderly people in their families rather than through organizations. Taking the family as the primary unit in terms of social services and assistance and the idea that the family would provide a better environment for protection of and caring for elderly people had originated from international studies on the matter. Other major implications of this report were supporting of the investments of foundations, private entrepreneurs and local governments and cooperation with these organizations, and the emphasis placed upon the requirement for reviewing of the pensions paid to dependent elderly people.

In the Seventh Five-Year Development Plan (1996-2000), the family was considered as the primary unit again and, as a self-criticism, it was expressed that the services offered to elderly people remained insufficient in terms of both quantity and quality and that the lack of a qualified workforce lowered the quality of the services offered. Therefore, emphasis was placed upon reorganization of rest homes in line with contemporary standards and improvement of the workforce in terms of quality and quantity. Recommendations were made to diversify the services offered to elderly people by opening day-care services such as apartment buildings and counseling centers for them, and the issue of providing social security to the elderly people living in rural areas was elaborated. The importance of the cooperation between Social Help and Solidarity Foundations, local governments, the Social Services and Child Protection Agency and volunteer organizations was deliberated in terms of actually bringing such services into being.

The Eighth Five-Year Development Plan (2001-2005) included the following manifestation under the heading social services and assistance: "Industrialization, urbanization and the changes in the family structure and the increase in the population

of the 60 and over age group (even if slow) that occurred in parallel to the socioeconomic development of our country highlight the importance of the requirement to sustain and increase the care and rehabilitation services offered to this age group.”

1.2.3. International Undertakings

Within the framework of World Health Organization’s theme of “Health for All” in the 21st Century, while Goal 5 relates directly to the elderly individual, Goal 13 brings regulations for the provision of a healthy environment. At the International Population and Development Conference held in Cairo with Turkey being one of the participants, the fact that the world population was getting increasingly old was dwelled upon, its social and economic consequences elaborated and it was emphasized that the elderly individual should be considered as an important source in social development. Again at this conference, goals such as providing the required social support systems to the family members to care for the elderly individual and formation of healthcare, economic and social security systems for the elderly individual were set.

The 1st World Assembly on Ageing was organized for the first time in Vienna in 1982, with the purpose of establishing the policies on ageing. The “Vienna International Plan of Action on Ageing” was endorsed also by the United Nations General Assembly. The document included detailed recommendations which can be summarized under five headings which were independent living, participation, care, living with self-esteem and self-realization.

At the 2nd World Assembly on Ageing organized in Madrid on 8-12 April 2002, an “International Plan of Action” was devised on the axis of topics including improvement of the quality of life for the elderly population, their integration in the society, problems concerning sustenance and health and establishment of policies for all age groups. The 2002 International Plan of Action has defined the priorities and set the actions for policies and practices concerning ageing for especially the next twenty years. While both assemblies generated recommendations on a global scale, the Vienna Plan of Action put the emphasis mainly on developed countries and the Madrid Plan of Action on developing countries.

The contributions of UNFPA to the report on implementation of the Madrid International Plan of Action submitted to the 59th session of the General Assembly by the General Secretary are provided in detail hereunder.

UNFPA advocates that ageing should be included in the internationally recognized development goals which are incorporated in the United Nations (UN) Millennium Declaration and in particular the actions aiming at achieving the goal for elimination of poverty.

While the Millennium Declaration do not refer to elderly people per se, achieving of one of the Millennium Development Goals (MDG), which is “to decrease the number of people living in poverty by half by 2015”, requires inclusion of issues related to elderly people within development frameworks and strategies to reduce poverty. Poverty at large shall never be reduced without first eliminating the severe neediness

that condemns elderly people to live under difficult conditions. With the purpose of contributing to achievement of other internationally recognized development goals including the Millennium Development Goals and the International Population and Development Conference, UNFPA advocates inclusion of issues related to elderly people and their problems in the national development agenda and the strategies aiming at reducing poverty.

UNFPA encourages its country representative offices to contribute to the Madrid International Plan of Action on Ageing by acting as an advocator for its implementation and revision processes. The strategy developed by UNFPA for the supporting of the elderly population through programs to be implemented focuses on four main areas. These areas are advocacy, technical assistance, education and research.

As part of its efforts in the implementation of the Madrid International Plan of Action on Ageing, UNFPA continues to support strengthening of national capacity building with a view to include topics such as ageing and gender in strategies aiming at reducing poverty and national economic and social development plans. The aim is to be able to influence the public policies that would generate formulas of to solve the problems caused by social, health-related and economic consequences of the ageing population and meet the needs of elderly people, and especially those in need and women.

UNFPA supports research work held on the ageing population, the socio-cultural conditions and social and economic consequences of this population. Special emphasis is placed upon those research activities that attend to the elderly people who are in need.

The Fund aims at increasing national capacity building of the developing countries that dwell upon the problems of elderly people by supporting educational institutions such as “Malta International Ageing Institute” and “The International Program for Policy Development and Capacity Building on Population Aging in Developing Countries” established at the Columbia University.

In addition, the year 1999 was declared internationally as the Year of Older Persons by the United Nations with the purpose of attracting more attention to the issue of ageing.

1.3. SERVICES OFFERED TO ELDERLY PEOPLE IN TURKEY

Services offered to elderly people in the Turkish society may be taken up in two periods, being the pre-Republican and the post-Republican.

The feelings of affection and compassion entrenched in the Turkish culture have brought the rights of children and elderly people to the focal point of family behavior. In the period when Turks had shamanistic beliefs, the shamans used to have a major influence in the moral lives of people on account of their old-age and experiences. The Oghuz Turks also were very devoted to the elderly and showed great respect for them.

With the evolution of the tribal life, experienced elderly people had started to be regarded as worthwhile and esteemed people in the society in ancient Turks, and subsequently this tendency turned into an accepted practice.

It is apparent that convictions and traditions related to social assistance existed in Turks for a very long time. Turks helped needy and weak people in line with their religious beliefs, following their adoption of Islam. Offering of *fitre* (alms) and *zekat* (tithe) first and foremost to elderly people had added a particular meaning to such aid. The Koran includes verses about helping elderly and disabled people.

Analyzing the services offered to elderly people historically, we see that the kind of assistance offered had rather become typecast according to social and cultural structures and beliefs of societies. Existence of charity institutions in all periods throughout the history shows that elderly people were always assisted and protected in the Turkish society.

The first institution for caring for elderly people in the history was established in the 11th century, during the Seljuk era. The *Darülreha* (Rest Home) built by Reha Oğulları in Sivas, the *Gökbörü* facilities built by Muzafferredin Ebu Sait, the ruler of Erbil, in Egypt, four alms-houses and a shelter for widowers were located from the Seljuk era. In the 13th century, during the Memluk era, the Seyfettin Kalavun Hospital and charity facilities built in Cairo served widower women and elderly people.

In the Ottoman era, alms-houses, soup kitchens and dervish lodges were known to serve elderly people in need. Social services were offered by foundations until the 19th century. The public institutions and charity institutions that offer service in this area were started to be established in the 19th century. These institutions served elderly people, together with other groups in need. Among these institutions, Kızılay (Red Crescent), founded in 1868, and Darülaceze (alms-house), founded in 1895, are institutions which were established in the Ottoman era and sustained their services until the present. Darülaceze, which was founded during the reign of Abdulhamid II with the aim of caring for first and foremost disabled and poor men, women and orphans, is presently an institution of the Istanbul Municipality that is managed with circulating capital. Its mission is to lodge poor people, save them from desperation and provide them with an easy living, without discriminating them by their religions or races.

In the post-Republican era, boarding homes for elderly people were opened in various cities by municipalities which were deemed public institutions for the first time, designated as homes for helpless people, for the poor, alms-houses or rest homes, upon imposition of the liability to protect dependent (elderly) people and build and manage homes for them by Law No. 1580 that came into force in 1930.

Based on Article 17 of Ministry of Health and Welfare Organization Law No. 3017, the Directorate General of Social Services was established in 1963, according to Article 4 of Law No. 225, with the purpose of organizing all kinds of social assistance and security services, caring for, lodging and rehabilitating dependent elderly people, children and disabled persons, and providing social security for poor people who are unable to work.

The first rest home of the Ministry of Health and Social Assistance was opened in Konya in 1966 and the second one in Eskişehir during the same year.

Article 61 of the 1982 Constitution has clearly defined the sub-groups that fall in the scope of Social Services, and with the Social Services and Child Protection Agency Law No. 2828 prepared in line with such provision of the Constitution, the principle of integrating social service activities under the inspection and supervision of the state, also ensuring volunteer contributions and participation on the part of the public, was taken up.

Within the framework of the general principles stated in Article 4 of Law No. 2828, the Social Services and Child Protection Agency's Division on Services for Elderly People was established in accordance with Paragraph (f) of Article 10 of the same law, with the purpose of conducting the services pertaining to detection, protection and caring for elderly people in need and carrying out the duties pertaining to the establishment and operation of the social service institutions required for such services.

1.3.1. Services Offered by Public Institutions and Organizations

1.3.1.1. Social Security

Social security is one of the oldest and most basic needs of humanity. This need is the want for being assured of one's future. The concept of social security which has transformed into a universal principle and has become the symbol of contemporary civilization is product of the search for assurance against occurrences which an individual may encounter that constitute a threat in terms of the life of that individual. The reason for the existence of social security is the urge of providing the minimum assurance for an individual who is encountered with danger and falls into poverty.

The basis of social security consists of participation in production, the income that arises therefrom and the protection of this income.

The term 'social security' comprises the social security policies and systems in general. In other words, it involves both a certain conception and the institutional structure that puts such conception into practice.

What is aimed with social security is protection of each and every individual in the society against economic, social, physiological and even political risks and it is expected that the state assumes this duty.

Ageing is one of the major social risks that fall in the scope of the social security system. One of the services offered to elderly people in Turkey is the social security service. Provision of social security for persons who have worked for a specified period of time and become entitled for pension constitutes a major part of the services offered to elderly people.

As the Republic of Turkey is a Social State, the requirement of the state to provide social security to all citizens is specified in Articles 60, 61 and 62 of the 1982

Constitution. The state assumes a protective role through social insurances in addition to its obligation to prevent social risks (old-age, disability, occupational accidents, diseases, motherhood, family expenses and unemployment).

It is stated in the 1982 Constitution that social security, together with its clauses on the protection of elderly people, is a fundamental right. It was established that elderly people having been included in the social security system on account of the changing social conditions be protected against financial risks, and monthly income and healthcare assistance be provided to elderly people and their dependents.

However, in Turkey, the number of people benefiting from social security programs who are insured in the literal sense has not reached the adequate level and an comprehensive social security network could not be built as of yet. Therefore, in order to provide assurance for themselves in their elderly years, people who remain outside the scope of the system choose to be covered within the scope of private pension plans, which are complementary systems of social security. Social security services offered to elderly people are implemented through the Law on Pension Fund for Civil Servants (Laws No. 5434 and 2022), Law on Social Insurance Institution (Law No. 506, Article 20 of this Law and Law No. 2925), Law on Tradesmen and Craftsmen and Other Freelance Workers (Laws No 1479 and 2926). Other than these, assistance is provided to elderly people who are not included in the scope of any social security institution and who are in need in accordance with the Law No. 3294 on Encouraging Social Help and Solidarity.

Republic of Turkey Pension Fund for Civil Servants Directorate General

Individuals who are employed with government bodies with general and annexed budget administrations, state economic enterprises, banks and corporations whose capitals involve government participation in full or over one half become entitled to receive pension if they are 58 years old (women) or 60 years old (men).

In accordance with Law No.2022, elderly people who are of 65 years of age or over, in a dependent capacity with no relatives and no financial income become entitled for pension. According to Law No 2022 issued on 10 July 1976, whose financial provisions became effective on 01 March 1977, Turkish citizens who are over 65 years of age, provided that they are in need, or disabled people even if they are under 65 years of age become entitled pension throughout their lives. In line with the Law, those who are entitled to pension are also entitled for free of charge medical treatment at public hospitals. The amount calculated by multiplying the specified index figure with the coefficient applied to the pensions of civil servants is considered as the 2022 pension. This amount varies by years.

The number of individuals who receive pension from the Pension Fund for Civil Servants, benefiting from Law No. 2022, is 1,658,473 in total, as of 31 March 2006.

Table 1.2: Number of Individuals Who Receive Pension in Accordance with Law No. 5434 (Year 2004)

| RETIRED | MEDAL | WIDOWER | ORPHAN | TOTAL |
|-----------|--------|---------|---------|-----------|
| 1,101,822 | 51,894 | 252,383 | 252,374 | 1,658,473 |

Table 1.3: Number of Individuals Who Receive Old-Age, Disability and Invalidity Pensions in Accordance With Law No.2022 (Year 2004)

| OLD-AGE | DISABILITY | INVALIDITY | TOTAL |
|---------|------------|------------|-----------|
| 792,046 | 79,811 | 220,600 | 1,092,457 |

Social Insurance Institution (SSI)

Workers, in accordance with the Social Insurance Institution Law No. 506, and agricultural workers, in accordance with Law 2925, become entitled to old-age insurance service.

In accordance with Law No. 506, individuals who have been insured for a minimum of 25 years, paid contributions for 7000 days, and who are 58 years old if women and 60 years old if men, become entitled to pension.

In accordance with Agricultural Workers Law No. 2925, individuals who have been insured for a minimum of 15 years, paid contributions for 3600 days, and who are 58 years old if women and 60 years old if men, become entitled to pension. Though, social security is not provided at an adequate level for elderly people in the agricultural sector.

Funds of banks and insurance and reinsurance companies which are subject to the provisional Article 20 of the Social Insurance Institution Law also entitle their participants to old-age pension within the framework of Law No. 506.

Table 1.4: Number of Individuals Who Benefit From Old-Age Insurance in Accordance With Law No. 506

| | December 2005 |
|---------------------------------|-------------------|
| Insured | 7,544,167 |
| Compulsory Insured | 6,803,862 |
| Apprentices | 256.590 |
| Voluntarily Insured (**) | 267,720 |
| Collective Insurance | 27,995 |
| Agriculture | 188,000 |
| Number of Pensioners | 4,308,186 |
| Family Members | 29,123,424 |
| Total Population Covered | 40,975,777 |

Law on Tradesmen and Craftsmen and Other Freelance Workers

Regarding retirement entitlement conditions of tradesmen and craftsmen and other freelance workers, Article 35 of Law No.1479 has been arranged as follows:

Article 35 – (Amendment: 25 August 1999 – 4447 / Article 28)

The insured individual must comply with the below-mentioned conditions in order to be entitled to old-age pension:

- a) Submit a written application and, at the date of such application, all his/her contributions and payables shall have been paid in full,
- b) If the individual is a woman, she has to be 58 years old, if man, 60 years old, and he/she shall have paid insurance contributions for 25 full years.

Insured individuals who are 60 years old if women and 62 years old if men and have paid contributions for a minimum of 15 years in full shall be entitled to partial old-age pension.

Furthermore, according to Law No. 2926 on Self-Employed Freelance Agricultural Workers which regulates retirement entitlement of individuals who work freelance in the agricultural sector, individuals who have paid the contributions specified by the Law for 25 full years or for 9,000 days and who are 58 years old if women and 60 years old if men become entitled for pension. Also, insured individuals who have paid contributions for a minimum of 15 years and who are 60 years old if women and 62 years old if men become entitled for partial pension.

Table 1.5: Number of Individuals Who Receive Pension in Accordance With Law No.1479 and Law No. 2926 (Year 2004)

| In Accordance With Law No. 1479 | In Accordance With Law No. 2926 (Agriculture Insurance) | Total |
|---------------------------------|---|------------------|
| 2.438.614 | 1.009.935(*) | 3.448.549 |

*Compulsory active voluntary

1.3.1.2. Social Assistance

Within the scope of the Prime Ministry General Directorate of Social Assistance and Solidarity and Law No. 3294 on Encouraging Social Help and Solidarity that came into force in 1986, elderly people who are in poverty and deprivation, who are not subject to social security institutions and not entitled to pension or any income (including individuals who are entitled for pension in accordance with Law No. 2022) from such institutions benefit from the Social Solidarity Fund.

With the purpose of alleviating the adverse effects of the 2001 economic crisis in Turkey on needy individuals, the “Project on Reducing Social Risks” was initiated through a credit support of US\$ 500 million from the World Bank. In this context, urgent assistance is provided through the Project to needy individuals affected from the crisis in the short term, while micro-projects aiming at elevating income and employment levels through the implementation of conditional cash transfers are supported in the medium and long term.

As of the end of June 2001, Social Solidarity Funds functioning under the General Directorate of Social Assistance and Solidarity have provided assistance to a total of

948,517 Turkish individuals over 65 years of age who are needy, poor and without any relatives, to be detailed as 705,108 for old-age, 62,789 for disability and 180,548 for invalidity.

The social security legislation in Turkey does not follow a development trend that suits the increasing average life span. According to the demographic projections for the period 2000-2005, average life expectancy at birth is 71 years of age for women and 66 for men. Overall average life expectancy is 68 years of age. As seen clearly, retirement age is low compared to life expectancy. This results in working at a second job after retirement. The period for paying pension, which is 19 years on average, is over the world average which is 7 years.

While the number of entitled widowers and orphans increase rapidly, there is no increase in the number of active insured individuals. This has destroyed the active-passive equilibrium so that, currently, approximately two active insured individuals look after one retired individual. The situation in developed countries is as 7 insured individuals looking after 1 retired individual.

These problems in the Turkish Social Security System have consequences on the social security of elderly people. Elderly people fail to be entitled to a substantial income.

In Turkey, social security is not provided at an adequate level for elderly people in the agricultural sector.

In our country, practices pertaining to the “Law on Entitling of Needy Turkish Citizens over 65 Years of Age with No Relatives to Pension” continue since 1977. This policy is an example of the concept of a “Social State”.

Those elderly individuals whose pensions were interrupted when they were placed in a rest home, in accordance with Law 2022, currently continue to receive their pensions thanks to the amendment made on the “Regulations on Entitling of Needy Turkish Citizens Over 65 Years of Age With No Relatives to Pension” published in the Official Gazette dated 06 January 1994 and numbered 21810.

Healthcare expenses of retired individuals within the scope of Social Security display an increasing tendency. Per capita healthcare expenses are USD 107 for 1990, USD 238 for 1995, USD 421 for 2000 and USD 851 for 2005.

1.3.1.3. Social Services

Within the framework of the social services offered to elderly people, the concept of social welfare involves the entire services aiming at sustaining and promoting living standards of individuals, as a consequence of rapid industrialization and urbanization involved in the modernization process and upon taking on of family functions by the society.

An increase is observed in the whole world and in our country in the human life span and in the elderly population, as a result of the advancements in medicine. Furthermore, transformation from a large family into a nuclear family, migration from

rural areas to urban areas, entrance of women in working life and the changes in traditional culture and values within the industrialization and urbanization process results with shaking off of the former roles of elderly people in the family, changing the quality of age as a prestigious element and making caring for the elderly person in the family an ever growing problem due to the differences between generations.

On account of the above-mentioned reasons, the requirement has arisen for establishing rest homes for elderly people, the number of whom increase day by day and who are in social and economic deprivation, so as to provide for their living under peaceful, dependable and easy circumstances in a peaceable domestic environment, protect their physical and psychological health, and develop and sustain their social relations.

The Social Services and Child Protection Agency Law No. 2828 has been enacted with the purpose of gathering under an umbrella all services offered by various volunteer organizations and public institutions, which were in an unmanageable and disorganized and condition. Various paragraphs of Articles 3, 4, 9, 10, 34 and 35 of this Law include provisions pertaining to social service practices for elderly people.

The Regulations for Private Rest Homes and Nursing Homes for Elderly People Numbered 23099 dated 3 September 1997, drafted in accordance with Articles 34 and 35 of Law No. 2828, have been come into effect.

In according with the provisions of the Regulations for Private Rest Homes and Nursing Homes for Elderly People, it is provided that elderly individuals who are 55 years old or older, who are in social and/or economic deprivation and require long-term care by institutions are cared for and protected in private rest homes or in nursing homes if they require special care.

Establishments offering the services of private rest homes for elderly people can be collected under three headings, which are:

- Establishments of associations or foundations,
- Establishments of minorities,
- Establishments of real persons.

Table 1.6 provides information on establishments of real and corporate bodies offering nursing home services.

Table 1.6: Establishments Offering Private Nursing Home Services and Their Capacities (2005)

| Nursing homes | Number | Capacity |
|---|---------------|-----------------|
| Nursing homes of associations and foundations | 30 | 2.147 |
| Nursing homes of minorities | 7 | 979 |
| Private nursing homes | 64 | 2.233 |
| Total | 101 | 5.369 |

Services Offered By Public Institutions and Organizations

In line with Articles 34 and 35 of Law No. 2828, the “Regulations for Establishment and Operation Principles of Rest Homes and Nursing Homes to Be Opened by Public Institutions and Organizations” came into effect upon being published in the Official Gazette dated 05 April 1987. With the enactment of these regulations, it was intended that procedures and principles concerning establishment, operation, physical conditions, personnel regulations and inspection and control mechanisms of rest homes and nursing homes to be opened by public institutions and organizations are specified, and their services are ensured to be offered at a level conforming to contemporary understandings and conditions.

According to Law No.5434 on the Republic of Turkey Pension Fund for Civil Servants, practices of services for elderly people are conducted through Rest Homes and Nursing Homes. Individuals, who receive pension from the Fund with the statuses of retired, disabled, widower, orphan or those in the scope of the Service to Country Arrangement, and who:

- are 60 years old,
- are not alcohol or drug addicts,
- do not have any contagious diseases,
- are not convicted of infamous crimes,
- are able to conduct their daily activities by themselves,

shall benefit from these institutions.

The Fund offers its services through the Rest and Nursing Home in İstanbul Etiler with a capacity of 570 persons, opened in 1985, and the Rest and Nursing Home in İzmir Narlıdere with a capacity of 1125 persons, opened in 2001.

These facilities include special care units to conduct the nursing and rehabilitation of those elderly people who are permanently or temporarily bedridden or who require special attention, support and protection on account of physical or mental declines.

The Rest and Nursing Home in İstanbul Etiler serves a total of 570 elderly individuals, with 526 in the normal care section and 44 in the special care section, while the one in İzmir Narlıdere serves a total of 1125 elderly individuals, with 816 in the normal care section and 309 in the special care section.

In 2002, the 75th Year Rest and Nursing Home, with a capacity of 316 persons, was opened in Ankara. The “Physical Therapy and Rehabilitation Unit” of this facility includes a pool, therapy rooms, physical activity rooms, healthcare unit, hobby rooms, a multi-purpose lounge, a library, reading rooms, pastry, dining halls, 9 resting rooms and a bazaar.

While the Republic of Turkey Pension Fund for Civil Servants develops its institutional care services in terms of both quality and quantity on the one hand, it investigates new service alternatives for elderly people, on the other.

In line with the project concerning “Home Care for Elderly People, Support and Assistance Services” contemplated by the Republic of Turkey Pension Fund for Civil Servants Directorate General, a survey was held among 300 elderly individuals who

reside in Ankara Bahçelievler and Aşağı Ayrancı districts. The survey results displayed a parallelism between the requirements of elderly individuals and the kinds of service expected, and accordingly, within the scope of the project designed based on the survey results, it was planned that the following services be offered to elderly individuals:

- Emergency Healthcare services,
- Day-care service centers,
- Cleaning services,
- Social activities,
- Catering service for homes,
- Services involving repairs and refurbishments.

In addition, based on the survey results, a “Day-care Service Center” project was also drafted, as the survey results pointed out high level of demand in this respect.

The only rest home for elderly people in Turkey that operates under the Social Insurance Institute Directorate Healthcare Affairs General Administration is the Salihli Rest Home in Manisa, which was opened in 1983. The capacity of the facility is 50 persons, but it currently serves 25 elderly individuals. The required work on obtaining the ISO-9002 quality certificate for this facility has been initiated with the purpose of meeting elderly people’s needs and achieving efficiency and excellence in service.

Through cooperation with Public Education Centers in some cities, the elderly people staying at rest homes and nursing homes are offered services such as handicrafts courses, library access, social gatherings on special days, psychological and social consultancy and excursions and entertainment activities.

In our country, the Ministry of Transportation is assigned with the duty of offering transportation and communication services. Through the institutions and organizations under its umbrella, the ministry offers the below-stated services to elderly people.

According to Article 48 of the regulations for the postal services, books, brochures and other publications of the Social Services and Child Protection Agency Directorate General are subject to discounted postal fees domestically.

Monthly pensions and tax rebates of elderly people over 60 years of age, with retired, widower, orphan or disabled statuses, who are entitled to pension by the Pension Fund for Civil Servants are subject to the option of being paid as home deliverable remittances.

In Istanbul, there is a rest home with a capacity of 150 persons which operates under the Ministry of Transportation. The retirees of the ministry all over Turkey are benefiting from the services of this facility.

For elderly individuals over 60 years of age, there is a discount of 20 per cent in domestic transportation services and the unlimited traveling opportunity is offered to them with monthly discounted train cards.

Again for elderly individuals over 60 years of age, there is a discount of 20 per cent for international passenger transport services that operate within the scope of the Balkan Railways Uniform Tariff for South East European countries only.

Camp facilities are also provided in special periods for the retired staff.

Certain environmental arrangements, to the extent possible, are made in the post-offices so as to ensure that elderly and disabled people benefit from post office services without difficulty.

Special arrangements such as toilettes for disabled persons are built in airports and public squares, from which elderly people can also benefit.

Through the negotiations held and protocols signed with banks with contractual arrangements with the institution, the facility of drawing pensions from any branch through ATMs was provided for the insured individuals, with the purpose of having them benefit from technological innovations.

Table 1.7 below shows information on the rest homes of public institutions and organizations in Turkey.

Table 1.7: Nursing Homes For Elderly People Operating Under Public Institutions And Their Capacities (Year 2005)

| Rest Home | Number of Rest Homes | Capacity |
|---|----------------------|----------|
| Rest Homes Operating Under Ministries | 7 | 2,592 |
| Rest Homes Operating Under Municipalities | 21 | 2,099 |
| Total | 28 | 4,691 |

Services Offered by Rest Homes Operating Under Social Services and Child Protection Agency and Nursing Homes and Rehabilitation Centers

According to Article 15 of Law No. 2828, the Regulations for Rest Homes and Nursing Homes and Rehabilitation Centers Numbered 24325 came into effect upon being published in the Official Gazette dated 21 February 2001.

In accordance with the provisions of these Regulations, nursing homes lodge elderly people over 60 years of age, who are in social or economic deprivation, can independently conduct their daily activities (eating, drinking, toilet, etc.), do not suffer from a grave sickness or disability that would necessitate continued medical care and treatment and mentally and psychologically sound.

Elderly people who do not have any relatives who are legally obliged to look after them or have someone who is legally obliged to look after them but the incumbents are not at the adequate economic level to look after them, or those with adequate economic power but who are in social deprivation are lodged at nursing homes against payment.

It is attempted that all services aimed at elderly people including meeting their daily needs such as eating, drinking, accommodation and cleaning, medical care and

treatment, psychological and social consultancy, developing their social relations, spending of their leisure time, provision of continued activities, and provision of adequate diets based on their nutrient consumption levels and health conditions are offered by specialized personnel such as doctors, social service specialist psychologists, dieticians, physiotherapists and nurses in a coordinated manner.

Care fees payable by elderly people who are lodged in nursing homes against payment are collected monthly over the amounts specified for every financial year by the Social Services and Child Care Agency Directorate General. Such fees include the expenses for eating, drinking, accommodation and all kinds of care.

In accordance with Law No. 1005 on “Entitlement to Honorary Pension within the scope of Service to Country Arrangement, those individuals who are presented with the Medal of Independence and made entitled to pension, are entitled to stay at nursing homes together with their wives, provided that they are entitled to no other income.

The fact that there elderly individuals who become bedridden or who require continued control due to physical or mental declines after they start to stay at nursing homes and, also, those who are in such situation at their homes and whose care has become difficult for their families required the provision of special care services.

Accordingly, special care units were integrated to nursing homes, with the purpose of providing care and protection to bedridden elderly people (bedridden, crippled and invalid) over 60 years of age, who do not suffer from contagious or malignant tumor involving diseases that require continued treatment and who are mentally and psychologically sound.

Elderly people who become bedridden during their stay at nursing homes are transferred to these units having priority, and subsequently applications for the vacant beds in the units accepted in order of urgency.

Elderly people who are in economic deprivation are cared for and treated free of charge at public hospitals and their needs such as medicines, orthesis and prosthesis are met.

Table given below provides information on the nursing homes operating under the Social Services and Child Protection Agency Directorate General.

Table 1.8: Nursing Homes Operating Under SHÇEK and Their Capacities

(2005)

| Kind of Service | Number | Normal Care | Special Care | Total Capacity |
|--|---------------|--------------------|---------------------|-----------------------|
| Rest Home (Nursing Home) | 16 | 922 | 30 | 952 |
| Nursing Home Special Care Unit | 28 | 2,143 | 470 | 2,613 |
| Nursing Home Elder Care and Rehabilitation Center | 15 | 1,557 | 1,697 | 3,254 |
| Nursing Home and Rehabilitation Center | 4 | 117 | 59 | 176 |
| Total | 63 | 4,739 | 2,226 | 6,965 |

60 per cent of elderly people staying at nursing homes and care centers receive normal care services and 20 per cent special care services.

As of 2001, the target of increasing the current number and capacities of nursing homes by 30 per cent was set, revaluation of central and unit services in terms of personnel, facilities, etc. was conducted, nursing homes to be converted into “Elder Care and Rehabilitation Center” were determined and attempts at adding a “Special Care Unit” all nursing homes were initiated on account of the increasing demand for such services.

Table 1.9: Distribution of Elderly People Who Stay SHÇEK Nursing Homes by Gender and Pay Status (2005)

| Gender | Normal Care | | | Special Care | | | Overall Total Number |
|--------|-------------|-------------|-------|--------------|-------------|-------|----------------------|
| | With Pay | Without Pay | Total | With Pay | Without Pay | Total | |
| Women | 823 | 464 | 1,287 | 479 | 438 | 917 | 2,204 |
| Men | 1,211 | 1,350 | 2,561 | 242 | 453 | 695 | 3,256 |
| Total | 2,034 | 1,814 | 3,848 | 721 | 891 | 1,612 | 5,460 |

General characteristics of elderly people who receive normal and special care services generate the following profile:

- 20 per cent belongs to the 60-69 age group, 43 per cent to the 70-79 age group, 30 per cent to the 80-89 age group and 7 per cent to ‘over 90’ age group,
- 20 per cent is single, 12 per cent is married and 60 per cent is widower,
- 40 per cent is women and 60 per cent is men,
- 21 per cent is illiterate, 15 per cent is literate, 35 per cent is primary school graduate, 13 per cent is secondary school graduate, 11 per cent is high school graduate and 5 per cent is university graduate,
- 38 per cent is retired from the Pension Fund, 49 per cent from SSI and 13 per cent from *Bağ-Kur* (Social Security Organization for Artisans and the Self-Employed),
- 6 out of every 10 elderly individual who receive care services belongs to the 60-74 age group, and the remaining 4 to the ‘over 74’ age group.

Looking at the issue from the elderly individual’s point of view, being placed in a nursing home for caring for outside the family where the individual has a reputable place and authority, is not an easily acceptable situation. Losing his/her status within the society and abandoning the environment he/she is used to at home is very difficult for the elderly individual. Home for an elderly person is the environment incorporating his/her memories, that he/she knows and predominates, and where he/she feels safe and free. Nursing home, on the other hand, is a new environment where the individual relatively loses the control over his environment and has to live with other people with different backgrounds; he/she meets for the first time.

Therefore, attempts have been initiated in our country at ensuring the caring for and meeting the needs of elderly people at their homes, without estranging them from their immediate environment, to the extent possible.

Services Offered to Elderly People by Solidarity Centers

Endeavors have been initiated to establish Solidarity Centers for Elderly People with the purpose of meeting the social and psychological needs of elderly people who do not require the services of a boarding institution and who live in their home environments, and preventing them from being excluded from the society.

These centers, opened in accordance with Paragraph (j) of Article 9 of Law No. 2828, aim at helping elderly people spend their leisure times, improving their living conditions, supporting their daily activities, providing them guidance and vocational consultancy services, providing them support in matters they have hard time dealing with through their own means and increasing their social relations and activities.

These centers function through membership systems and conduct various activities including meetings, debate groups, newspaper and magazine reading activities, joint activities such as going to the theatre, movies, picnics, tours, and playing games. Various courses such as painting, music, handicrafts, etc. are organized in these centers with the purpose of putting to good use the leisure times of elderly people. Furthermore, elderly people with adequate health conditions are able to assume active roles in the care and support services offered to others. They are also able to form social cooperation with collective organizations, play active roles in the administration of the Center and assume new roles in the society.

One of the major activities of these centers is the educational activities organized. Conferences and training sessions on subjects such as adequate and balanced diet, healthcare training, social participation, life-long sportive activities and socio-psychological problems are conducted and all kinds of activities in line with the preferences of the elderly people are organized, with the purpose of creating the social and psychological environments that would strengthen their thread of life and preventing their isolation from social life.

As such, these centers continue to offer day services to elderly individuals and support them in meeting their social and psychological needs, in accordance with the guidelines.

Table 1.10: Distribution of SHÇEK Solidarity Centers For Elderly People (YDMs) by Cities and Number of Members (2005)

| Centers | Number of Members |
|-----------------------------|--------------------------|
| Ankara Ydm (Emek, Kocatepe) | 547 |
| Çanakkale Ydm | 183 |
| İzmir Nebahat Dolman Ydm | 709 |
| Denizli Ydm | 10 |
| Total | 1,449 |

Day Care Center for Elderly People who Suffer from Alzheimer

A day care center operating under Ankara Ümitköy Nursing Home Administration has been established in Ankara Batıkent through the cooperation of SHÇEK Directorate General, Ankara Yenimahalle District Governor and the Alzheimer Association, with the purpose of ensuring the safety of elderly Alzheimer patients through elimination of the risks arising from their being alone at home, reducing possible agitations by making them become active through various activities, reducing the emotions of helplessness and guilt in their families through solidarity and sharing, preventing accumulations at nursing homes and rest homes through orienting of families to daycare centers and providing support to them and their families by performing their daily care.

Elderly people over 60 years of age with a medical report approved by a full-fledged healthcare institution stating that they do not have any contagious disease and their condition of being bedridden and disabled can apply to this center.

Services Offered by Local Governments

The Municipality Law No. 1580, which regulates duties, responsibilities, authorities, operations and fields of activity of local governments, has come into effect in 1930. The law at large offers local governments infinite expansions concerning the issue of ageing in terms of its basic philosophy, definitions, articles and special provisions.

According to Article 127 of the Constitution, and Article 1 of the Municipality Law No. 1580, municipalities are public corporations liable with meeting collective civil local requirements of their county and the people of their county.

Functions and duties of municipalities is included in a number of legislations, with first and foremost, the Municipality Law No. 1580 and Law No. 3030 on Metropolitan Municipalities.

Municipalities have also duties concerning elderly people within the scope of their social assistance duties. These duties are stated in the below paragraphs of Article 15 of Law No. 1580, valid also for metropolitan municipalities in the absence of provisions related therewith in Law No. 3030.

34- Providing monetary and medical assistance, medicines, food, clothes, accommodation, education and discipline to orphans, deprived and homeless children and to twins of poor families, providing free medical assistance and medicines to sick people who are poor, conducting the memorial services of poor people free of charge, taking care of disabled and unemployed people with no one to care for;

45- Establishment and organizations of orphanages, alms-houses, maternity hospitals, lactation centers and also detention hospitals, physical disinfection facilities and stations, the locations of which are to be determined and approved by the Ministry of Health;

57- Opening pharmacies at locations with no pharmacies in accordance with the related law, providing medicines to poor people free of charge or at a discount,

establishing dispensaries and consulting facilities against payment or free of charge, employing midwives to realize maternity assistance to poor people free of charge;

69- Establishing and operating boarding homes for the poor;

71- Establishing and operating relief funds for needy people and mortgage funds for movable assets.

In this framework, municipalities establish nursing homes for accommodating elderly people, provide medical assistance free of charge, provide food and fuel for needy people and also access to public transportation free of charge or at a discount. Municipalities with highly developed economic and cultural means, on the other hand, provide seminars and policlinic services, food distribution to households from soup kitchens, monetary assistance, medical services involving ambulance transportation, special day celebrations, services involving movies and theaters and tour organizations in cooperation with volunteer organizations, as well. However, such services are offered only by especially Metropolitan Municipalities and the municipalities of provinces and cities which are sizeable in terms of population and development level, while municipalities with 2000 population do not conduct any activities at all.

Even as municipalities do not establish nursing homes in practice, they are known to allocate building sites for nursing homes to be built by social service directorates of cities and provinces.

The most important drawback for municipalities in effecting these duties is the lack of allocations in their budgets. However, if municipalities have the sources of income in proportion to their functions and duties, they will be able to perform such duties in full. Paragraph 1 of Article 19 of Law No. 1580 includes the following phrase: "Municipalities are granted by law with the privilege of performing all kinds of undertakings to settle collective and civil requirements of the people of the province, after having executed the duties and services imposed upon them by law."

The new Metropolitan Municipality Law No. 5216 enacted on 10 July 2004 outlines the duties and responsibilities of metropolitan, county and first degree municipalities and includes the following provision concerning elderly people: "In terms of service, methods that would cater to the situations of disabled, elderly and needy individuals and those with small means shall be employed."

Paragraph (v) of Article 7 of this new Law includes the following within the scope of such services: "Healthcare institutions, hospitals, mobile healthcare units, conducting and developing all kinds of social and cultural services aiming at adults, elderly people, women, young people and children and establishing social facilities for this purpose, organizing and operating vocational and skill-earning courses, and cooperating with universities, vocational schools, public institutions and non-governmental organizations in conducting these services"; Paragraph (m) of Article 18 says, "Establishing centers to make use of the allocations in the budget for deprived and needy people and to support activities pertaining to disabled people" and Paragraph (j) of Article 24 says, "social services and assistance for poor, deprived, needy, homeless and disabled people".

The law leads local governments to serve in two areas within the scope of the services to be offered to elderly people. These are:

- 1- The requirement for attending to elderly people in need for protection,
- 2- The discernment that such requirement and services aiming at elderly people would only be met through boarding care units.

As ageing is regarded in this very framework for long years, institutions for elderly people operated by local governments are named as Home for the Elderly, Home for the Poor, Home for the Weak, Care Center, etc.

Until the year 1966 when the first nursing home was opened in Konya by the central government, local governments that had instituted boarding care centers in 6 different cities had been the pioneers of the Republican era in this sense.

In this scope, currently 21 nursing homes operated by local governments serve a total of 2099 elderly individuals in our country.

Table 1.11: Distribution of Nursing Homes For Elderly People Operated Under Local Governments by Cities and Capacities (2005)

| City | Number | Capacity |
|---------------|--------|----------|
| Adana | 1 | 33 |
| Adiyaman | 1 | 7 |
| Ankara | 1 | 228 |
| Aydın | 2 | 120 |
| Balıkesir | 1 | 38 |
| Burdur | 1 | 100 |
| Bursa | 2 | 392 |
| İstanbul | 1 | 68 |
| Muğla | 1 | 47 |
| Erzurum | 1 | 26 |
| Yozgat | 1 | 72 |
| İzmir | 3 | 448 |
| Kayseri | 1 | 200 |
| Manisa | 1 | 120 |
| Samsun | 1 | 60 |
| Sivas | 1 | 100 |
| Şanlıurfa | 1 | 40 |
| Overall Total | 21 | 2,099 |

Local governments provide services such as free of charge inner-city public transportation for elderly people over 60 years of age and aid in kind and in cash for those individuals determined to be in economic deprivation, besides nursing services, and also the Ankara and Istanbul Metropolitan Municipalities have initiated efforts to provide home-based nursing services.

Services Offered by the Turkish Red Crescent (Kızılay)

Nursing services are provided to elderly people who donated real estates to the Association. Elderly people who prefer home-based care are provided with nursing and healthcare services at their homes and all of their needs including firewood and coal, nursing fees and all other expenses are covered by the Association. The Association has 4 nursing homes with a total capacity of 260 in Akçakoca, Edremit, Bandırma and Şişli.

Table 1.12: Distribution of Turkish Red Crescent Nursing Homes For Elderly People by Cities and Capacities (2005)

| Nursing Home | Capacity |
|--|----------|
| Bandırma Guest House For Elderly People | 50 |
| Edremit Guest House For Elderly People | 40 |
| Düzce Guest House For Elderly People | 110 |
| İstanbul Zeynep Nedim Oyvar Guest House For Elderly People | 60 |
| Total | 260 |

Inter-Industrial Services (Project on Nursing Personnel for Elderly People)

The need for alternative nursing systems in addition to institutional care increase more and more everyday and the requirement arises to develop home-based nursing services for elderly people in order to provide support to them in their own environments as much as possible.

The services offered by the nursing homes of both the Social Services and Child Care Agency Directorate General and of public institutions and organizations, and also those that provide private nursing services are provided by service personnel, administrative personnel, social service specialists, psychologists, dieticians and physiotherapists.

Physical care and personal services of elderly people, on the other hand, are usually provided by attendants who are not trained in this area. Although these staff receive in-service training, various difficulties and adversities arise due to lack of a standard education in this field on a national basis.

Inter-segmental efforts has been initiated to train up a qualified and intermediary workforce to serve in the area of services for elderly people, upon determining that there were no educational institutions for training nursing workforce for elderly people in Turkey.

With the purpose of meeting the requirement for qualified and knowledgeable “Nursing Staff for Elderly People” and intermediary manpower in the field of nursing and care services for elderly people, endeavors were initiated in 1999 in vocational schools through the cooperation of the Social Services and Child Protection Directorate General, Ministry of National Education General Directorate for Technical Education of Girls and National Education Health Education Foundation (MESEV), the initial stage of which was completed in 2003.

The personnel trained in this framework, who will be fully qualified to be employed at nursing homes and rest homes, social activity institutions and clubs for elderly people, hospitals, daily care centers and in the scope services offered by non-governmental institutions, is expected to meet the requirement in Turkey for the intermediary manpower needed in the field of services for elderly people.

1.3.1.4. Healthcare Services

Ministry of Health (Curative Services General Directorate)

Efforts for “Health Ageing and Health of Elderly People” were initiated within the scope of Goal 5 of the “Health for All in the 21st Century” policy. Within the framework of this initiative, the current situation and the current problems were determined and aims, goals and strategies were specified through the intra-segmental and inter-segmental meetings held. The work in this scope is currently in progress.

Istanbul University Cerrahpaşa Medical School Hospital, Istanbul

In Turkey, geriatric efforts were initiated in 1987 by the Istanbul University Haseki Hospital for the first time, parallel to the efforts in England. Geriatrics was included as section in the Department of Internal Diseases of Istanbul University Cerrahpaşa Medical School Hospital (İ.Ü.C.T.F.) in 1978 and as a scientific clinic within the İ.Ü.C.T.F. Department of Internal Diseases in accordance with Law No. 2547 in 1981.

The geriatric clinic contains a service section of 20 beds and a rehabilitation unit which serves patients over 60 years of age with internal diseases that need to be treated in the hospital. Physiotherapists provide rehabilitation and wound dressing services for elderly people in the hospital and subsequently at home, and also help with their adaptation problems. Diet schedules of elderly people, both in the hospital and at home, are provided by dieticians, who also train the elderly person and those who take care of him or her. As nursing and treatment of elderly people require specialty, nurses are trained in this area. The clinic also provides outpatient treatment services 3 days a week through its polyclinic, and services and training are also provided in the area of preventive medicine with the purpose of health protection and preservation.

Ankara University Medical School Hospital, Ankara

The geriatric clinic was established in 1993. Permanent staff for 2 specialists was allocated for sub-branch specialists and 2 specialists were trained within this framework. The polyclinic provides outpatient treatment to 20 individuals daily.

Hacettepe University Medical School Hospital, Ankara

The Hacettepe University Department of Internal Diseases Geriatric Unit was established and initiated its services in October 2001. The unit comprises 1 faculty member, 1 instructor and 2 specialist doctors (medical specialists). Patients over 65 years of age are provided with geriatric polyclinic service and the patients of the Department of Internal Diseases are provided with inpatient services. All patients are

evaluated by the geriatric interdisciplinary team which comprises a social service specialist, a physiotherapist, a dietician, an occupational therapist, a nurse and a geriatrist. Geriatric education is provided to medical school students in their 4th and 6th years, and to Internal Diseases, Psychiatry and Public Health research assistants in the scope their rotations during their postgraduate medical educations.

Gülhane Military Medical Academy Hospital (GATA), Istanbul

The geriatric clinic of the GATA Department of Internal Diseases was established in 1995. The unit provides geriatric policlinic and inpatient services with its 2 faculty members and 1 postgraduate student.

Geriatric studies are conducted in the departments and schools of Dentistry, Pharmacy, Physiotherapy and Rehabilitation, Home Economics, Dietetics, Social Services, Nursing, Psychology, Architecture and Environmental Design and other specialty areas of universities, in addition to the Geriatric Units of Medical Schools, and various panels, symposiums and conferences are organized within this framework.

1.3.2. Services Offered by Non-Governmental Organizations and Private Institutions

1.3.2.1. Services Offered by Non-Governmental Organizations

In Turkey, non-governmental organizations such as Geriatric Foundation, Association of Geriatrics and Gerontology, Hacettepe University Geriatric Sciences Research Center (GEBAM), Turkish Geriatric Physiotherapy Association, National Education Health Education Foundation (MESEV), Turkish Aid Foundation for Poor and Homeless People, Turkish National Association for Gerontology (TURYAK) and Family Planning Association of Turkey conduct various studies and researches on old-age and healthy ageing, and organizes symposiums, conferences and meetings related thereto. Also, through the cooperation of Turkish Confederation of People with Disabilities and Turkish Labor Institution, certificate programs are organized to train nursing staff for elderly and disabled people and services are provided in this area. In addition, an initiative has been launched in January 2005 for Increasing of the Quality of Life for Elderly People, within the scope of the National Campaign on Supporting Education and a document titled “Fundamental Principles, Rights and Expectations for Elderly People” was published in this framework.

1.3.2.2. Services Offered by Private Institutions

In addition to private nursing homes, efforts are pursued in metropolitan cities for providing home-based nursing services for elderly people through policlinics established by real persons or business corporations.

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2. NATIONAL PLAN OF ACTION

2.1. ELDERLY PEOPLE AND DEVELOPMENT

Chairman : Sabri Kırılı, National Education Health Education Foundation (MESEV)

Vice Chairman : M. Emin Tangören, Turkish Association of Laborer Retirees

Reporters : Hülya Öztop, Hacettepe University, Department of Home Economics
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| Tuncer Kocaman | State Planning Organization |
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| Selen Örs | United Nations Population Fund (UNFPA) |
| Zafer Danış | Hacettepe University School of Social Services |
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| Halis Kırıl | Ministry of Finance |
| Sinem Gültekin | Ministry of Foreign Affairs |
| Burhan Elver | Ministry of National Education General Directorate of Apprenticeship and Adult Education |
| Mehmet Ali Yavuz | Pension Fund |
| Gülhan Tektel | Pension Fund |
| Mustafa Adıgüzel | Social Insurance Institution |
| Ahmet Dilmeç | General Directorate of Social Security |
| İrfan Özacar | Organization for Artisans and the Self-Employed |
| Gülgen Dural | General Directorate of Social Security Organization for Artisans and the Self-Employed, |
| Gülşah Eren | Turkish Aid Foundation for Weak and Homeless People |
| Kenan Okan | Turkish Aid Foundation for Weak and Homeless People |
| Yaşar Kocaoğlu | National Education Health Education Foundation (MESEV) |
| | National Education Health Education Foundation (MESEV) |

INTRODUCTION

The issues related to integration of elderly people to society, increasing of their functionality and quality of life are receive priority consideration in the agenda of the world at large. The trust, confidence, affection and attention on the part of especially the family is very important in terms of the elderly individual's acceptance of old-age by overcoming the problems related therewith, his/her envisioning himself/herself as yet a loved, cared for and respected individual in the society and enjoying a healthy, happy and satisfied ageing period.

In our country, efforts to include elderly people in personal or organizational endeavors in economic, political, cultural and social spheres and ensure their active participations in this respect fall short. In this context, it is necessary to increase the awareness of individuals by ensuring solidarity between generations in social, economic, cultural, etc. aspects, with first and foremost education, in order to eliminate all kinds of discrimination and exclusion against elderly people and other disadvantaged groups.

2.1.1. Current Situation and Problems

Demographic trends display significant differences between countries. The current demographic structure in the world consists of two categories which are the ageing population of developed countries and the young population of developing countries.

The social problems of Turkey observed in nearly 35,000 villages and in the rural areas signified as counties or towns according to their demographic sizes can be specified as inadequate level of healthcare services, problems related to education, lack of up-to-date communication means, deficiencies in highway transportation network, destruction of forests on account of the heating requirement and the lighting problems in certain areas.

The increase in employment opportunities in a number of provinces such as Istanbul, İzmir, Bursa, etc. where industrialization intensified a great deal during the recent years accelerated the migration of the young population from rural areas to urban areas. It is observed that parents whose children migrated to urban areas do not want to leave the social environment they have been used to for long years and that the elderly population has concentrated in the rural sector.

The innovations in education and training are important identifiers of the adaptation of employees to the changes in their workplaces. Technological and institutional changes may render an employee's efforts useless and decrease the value of the work he/she does. Therefore, greater importance needs to be placed on informing of elderly employees on the developments in their respective branches and on the provision of access to the new opportunities in the field of education and training.

2.1.2. Active Participation in the Society and the Development Process

Goal 1: Provision of Elderly People's Social, Cultural, Economic and Political Participation

Current Situation

The economic growth and social change occurring in our country do not affect women, men and elderly people equally, and the influences of development in the household are not divided equally either. Women who are adversely influenced from gender discrimination provide the circulation of information inside their village by forming various social networks in rural areas and play significant roles in the keep up of daily life, even as they fail to be cognizant of and/or utilize the adequate means and tools that would enable them to live a better life, thus remain marginal in the modernization process. Indeed, women's participation in management and decision making processes is less compared to men, they benefit from principal healthcare and educational services at a lesser level, have difficulty in accessing income sources and fail to profit from technology. As such, the contributions of individuals in all age groups, and especially women, in all sectors including non-remunerated work are neglected. In this connection, awareness levels of individuals need to be improved through provision of solidarity between generations in social, economic, cultural, etc. spheres so as to eliminate all kinds of discrimination and exclusion against disadvantages groups and elderly people.

While women pursue a life with rather domestic roles, being dependent on men, as a disadvantages group, recent investments realized in elimination of inter-regional disparity and as a result of the evident growth in social services ensured an increase in the services offered to elderly people, and especially disadvantaged groups. Significant improvements are observed in the current situation of elderly people on account of the recent economic growth and social change. Also, projects and programs supported by various private entrepreneurs started to be implemented.

In our country, efforts to include elderly people in personal or organizational endeavors in economic, political, cultural and social spheres and ensure their active participations in this respect fall short. In both rural and urban life, no structuring other than village headman and village authorities is observed in the political sphere in this sense. While a number of sincere efforts are observed in providing for active participation of elderly people in rural or urban living in economic, social and cultural spheres, these efforts remain very limited.

In many European Union member countries, interest organizations such as "Elderly Labor Union", etc. ensure active participation of elderly people in economic, social, political and cultural life. For example, it is known that there are four unions for elderly supported through public sources by the political government in Holland.

In our country, on the other hand, elderly people or retirees do not have any unionist rights within the boundaries drawn by laws. Nevertheless, a number of associations, foundations and similar non-governmental formations have endeavors to ensure elderly people's active participation in social life, even if limited, although their titles and establishment aims do not address elderly people. Target audiences of non-

governmental institutions such as Turkish Association of Retired Workers, National Education Health Education Foundation (MESEV), Association of All Retired Workers, Association of Retired Bağ-Kur (Social Security Organization for Artisans and the Self-Employed) Employees, and Association of Retired Civil Servants are mainly elderly people.

There are also active unions of retired employees established by retired workers or civil servants, although they are in violation of our legislation and their target audiences are not elderly people exactly. Organizations such as Türk Emekli-Sen (Turkish Labor Union of Retired Employees) which is functions under the umbrella of Türkiye Kamu-Sen (Turkish Public Workers Labor Union) and DİSK (Confederation of Revolutionary Trade Unions) may be considered within this scope.

One of the collective provisions included in establishment aims of these organizations is to provide for active participations of retired individuals (and elderly people within the scope) in economic, social and cultural life within Constitutional and legal frameworks.

Nevertheless, thanks to the enactment of the Law on Associations on 4 November 2004, which eliminates the restrictive legal provisions to an extent so as to ensure also political participation, our non-governmental institutions has acquired the status enabling them to pursue joint efforts with political parties, develop organic ties with them and obtain financial support from them.

In addition, both within the current legal framework and in the scope of the newly drafted Social Security Reform, retired employees have the right of representation in the administrative structures of the social security institutions, just like active employees. For example, the Turkish Association of Retired Workers is represented with one member in the Board of Directors of the Social Insurance Institution.

Despite all of these arrangements, an “Elderly Labor Union” or a federative structure that would encompass within its scope our elderly individuals who are not a member of any social security organization does not exist. The legal participation rights granted to current organizations for retired employees, too, are very limited. It is evident that the provision of legal arrangements that would encourage active participation in local governments should be the initial step to be taken in this respect. The most adequate proceeding would be to start with the local living spaces of elderly people in devising the legal arrangements that would pave the way for elderly people to participate in economic, social, cultural and political processes and the implementation disciplines that would follow, and subsequently ensure their national integration.

Actions to Be Taken

- a. Improvement of the implementation of human rights agreements and other human rights laws especially through fighting against all kinds of discrimination, and ensuring of exercise of fundamental rights in full,
- b. Acknowledgement, encouragement and supporting of contributions of elderly people to families, societies and the economy,

- c. Creating opportunities and devising programs for and supporting of encouragement of elderly people to participate in cultural, economic, political and social life and lifelong learning, ensuring their access to social environments other than nursing homes and rest homes,
- d. Facilitating elderly people's helping one another, their participation in groups comprising of members from different generations, creating opportunities for fully understanding their potentials and providing the required information on these matters,
- e. Creating convenient circumstances for volunteer work for all age groups, including recognition of the society, and facilitating participation of elderly people who benefit from volunteer work to a very limited extent or do not benefit from these efforts at all,
- f. Development of cultural, social and economic roles from a multi-faceted perspective and encouragement of the continuation of elderly people's contributions to the society, including non-remunerated work,
- g. Regarding of elderly people independent from their economic contributions and adopting a respectful and proper behavior in any relations with them,
- h. Taking the needs of elderly people in full consideration and respecting their living with honor in all stages of their lives,
- i. Developing positive attitudes of employers in the sustaining of employment of elderly people on account of their productive capacities and ensuring acknowledgement of the value of elderly people in business life including themselves,
- j. Ensuring supporting of any efforts for forming an "Elderly Labor Union" and similar organizations through implementation according to legal arrangements of the norms and agreements of first and foremost the International Labor Organization, with the purpose of providing for strategic development of civil and cultural participations in fighting against social exclusion, and to strengthen support provided in this respect.

Goal 2: Provision of Elderly People's Participation in All Stages of the Decision Making Process

Current Situation

Provinces

Presently, practices followed with interest and admiration are observed not just in Turkey, but also in other countries. Participative processes that form the backbone of local action planning are pursued through structures and methods displaying the particular conditions, values and priorities of each province. Nevertheless, it is observed that there are a lot of common aspects in the practices of different provinces.

The primary participatory formations consist of platforms launched by local interest groups titled “City Councils”, working groups, efforts aiming at the district, women and youth councils and special interest groups such as children’s, elderly people’s and disabled people’s platforms.

In this context, Local Agenda (LA) 21 City Councils (or similar platforms) formed in the cities that are partners of the program are governance mechanisms that congregate the central government, local government and the civil society on a “partnership” basis, within the framework of an authenticated program. These Councils that vary in magnitude depending on the size of the cities, where hundreds of organizations are represented in certain locations, prepare their own by-laws and operate in accordance with these by-laws. The Councils function as democratic platforms on which development priorities and urgent problems of the city in question are defined, debated and resolved.

LA-21 Working Groups function as another important mechanism concentrating the contributions of volunteers from different institutions and sectors on the prioritized issues and problematic areas of the city in question. Numbers of the Working Groups and the members in each group vary depending on the sizes and prioritized issues of cities.

The centers serving one or more districts such as “District Headman Homes” and “District Service Rooms” and formations such as “District Councils” established within the scope of district-based efforts, which are an important baseline of the LA-21 process, display successful practices of the participatory processes finding their ways of expression in the daily lives of the district people.

LA-21 Women’s Councils, platforms for women and multi-purpose women centers help in the increasing of awareness concerning prioritized matters such as encouragement of active participation of women in the decision making processes and reflection of the women’s perspectives on all policies and strategies.

The coordination of the efforts aiming at active participation of young people in decision making, implementation and monitoring processes within the scope of the LA-21 Program are pursued by the Habitat and Agenda 21 Youth Association. The Local Agenda 21 Youth Councils formed in the partner cities of the Program pursue efforts to ensure participation of young people in the decision making mechanisms in all areas and strengthening their role in the European Union (EU) membership process.

Particular importance is placed upon physically and mentally disabled people, elderly people (senior citizens) and children in the LA-21 processes. In this scope, the participatory formations in the related cities have been strengthened through platforms such as LA-21 Council of Children, Council of Retirees and Council of Disabled People.

LA-21 General Secretariats have been formed in order to coordinate and facilitate the local efforts.

The “LA-21 Homes” that are established to serve the district people in many of the member cities of the Program continue to operate as meeting and cooperating centers for local partners.

Significant improvements have been made in the preparation and implementation of Local Agenda 21 Plans of Action, prepared through participation and reconciliation of all partners, defining the “Agenda for Environment and Development” in the 21st Century for the relevant cities and specifying the sustainable development goals, policies and strategies.

The LA-21 Program has provided for the development of a new “Local Governance” model in Turkey, through developing and improving the local decision making processes in the triangle of public institutions, local governments and non-governmental organizations. In this context, Local Agenda 21 has proven that it is strong enough to trigger a social transformation which would also accelerate Turkey’s European Union membership process, together with the process of democratization.

Member Cities of the Program

The member cities of the LA-21 Program as of the 28 March 2004 elections are as follows:

Metropolitan Municipalities: Istanbul (as supporting partner and IULA-EMME Directorate), Adana, Adapazarı, Antalya, Bursa, Diyarbakır, Eskişehir, İzmir, İzmit, Mersin and Samsun. **Special Provincial Administrations:** Edirne, Kastamonu, Nevşehir. **Provincial Municipalities:** Afyon, Ağrı, Antakya, Aydın, Bolu, Burdur, Çanakkale, Denizli, Kars, Kütahya, Malatya, Mardin, Van, Yalova and Zonguldak. **County/District Municipalities:** Doğubeyazıt (Ağrı), Çankaya and Yenimahalle (Ankara), Kuşadası (Aydın), İznik, Nilüfer and Orhangazi (Bursa), Biga (Çanakkale), Yalvaç (Isparta), Aliağa, Foça, Karaburun and Ödemiş (İzmir), Talas (Kayseri), Babaeski (Kırklareli), Bekirpaşa, Değirmendere and Gölcük (Kocaeli), Derik, Kızıltepe and Nusaybin (Mardin), Tarsus (Mersin), Dalyan (Muğla), Avanos, Ürgüp and Mustafapaşa (Nevşehir), Harran and Yaylak (Şanlıurfa).

Villages

There are nearly 36,000 villages in overall Turkey and their administrative arrangements are defined in the Village Law (422/24).

Responsibilities of village headmen and village authorities are defined in the Village Law, which foresees performance of local services through the cooperation of the village people. According to the Village Law, village headmen and the “Senior Committee” are responsible for the organization and provision of local services. Responsibilities of village people have been specified under two categories as dispensable and indispensable. The major environmental duties of the village people, most of which are included in the scope of the indispensable responsibilities of the senior committee, are provided below:

- Protecting the village’s water resources from getting polluted,
- Collection of garbage and its storage at a far away location from the village,
- Building canals to hold off waste water and prevent its contact with other water resources,

- Conducting forestation in the village and preserving the existent forests,
- Protecting the existent forests against fire,
- Informing the nearest Ministry of Agriculture and Rural Affairs authority of the pesticides used in the village and its environs,
- Conducting controls to prevent noise pollution,

Besides the responsibilities of the village people and village authorities, the General Directorate on Rural Services also has certain responsibilities. These are:

- Providing potable and usable water to the villages and the settlements in their environs,
- Building agricultural irrigation systems and canals,
- Ensuring most productive utilization of water resources in line with development plans.

However, despite all these organizations, ensuring participation in full and complete and uninterrupted participation of elderly people in the decision making processes on a coverage area encompassing the entire social life, starting with their rural or urban living spaces, is so big a goal, impossible to be achieved through a limited number of local governments or village administrations.

In order to ensure full participation of elderly people in the decision making processes, initially they need to take part at the top of the political decision making processes. Formation of “Elderly Branches” under political parties, just like women’s branches, youth branches or workers’ branches is an obligation. Currently, efforts have been initiated by political parties in this respect and units that serve elderly people have been formed. The main goal in this context should be efforts to establish units that would represent elderly people’s rights to speak and say so in all political parties, local governments, non-governmental organizations, universities and other educational institutions. For example, in Denmark, many opportunities are provided to competent elderly citizens who are willing to engage in activities in their areas of interest, and pursue an active life. The current policy concerning elderly people in Denmark is based on elderly people’s being responsible for and active in their own lives to the utmost extent. As such, the opportunity to participate in decision making processes on both the personal platform and in the regional areas is provided for elderly individuals.

In municipalities, there are “Councils” comprising of elderly people. The members of these councils are elected from among the elderly citizens who reside within the boundaries of that municipality and serve as consultants in particular situations concerning elderly citizens.

Actions to Be Taken

- a. Consideration of needs and problems of elderly people at all decision taking levels,
- b. Promoting establishment of organizations for elderly people at all stages of decision making processes in order to ensure their representation therewith (especially where they do not exist),

- c. Taking the required measures for ensuring full and equal participation of all elderly individuals, and especially women, at all stages of the decision making process.

2.1.3. Work and Ageing Workforce

Goal 1: Employment Opportunities for All Elderly People Who Wish to Work

Current Situation

It is very important to know the size and growth rate of the population in determining the welfare status of the country, the productive capacity of the economy and the requirements to arise in the future. The size, structure and knowledge and skill level of the population constitutes the basic input of the production system. In a developing economy, population and population-related characteristics have a major influence on the distribution of resources among social and economic sectors. Such distribution of resources, on the other hand, affects the economic growth rate, employment level, industrial production increase and import and export rates.

Of the three dimensions of the concept of sustainable development which are economy, environment and social structure, the basis of social structure involves population and thus labor force, just as the economic context. Therefore, population and labor force have a leading influence, being basic elements of social development. When the quality of employment, which is the portion of the population that is involved in economic activity, is added to population and labor force, all major factors in industrialization and sustainable development would have been covered.

One of the most important characteristics of demographic trends arises in terms of the age structure of the world population. As such, the 21st century is referred to as the ageing population era. It is expected that the elderly population shall be multiplied by six and reach 1.2 billion and its ratio within the overall population to increase to 14 per cent by 2025. According to ILO, 72 per cent of these elderly individuals will live in developing countries. To the contrary, the size of families has shrunk in most developed countries. It is foreseen as a result of various surveys that the working labor force shall get older even more during the next few decades.

This sector of the population will reach approximately 10 million by 2020 and approximately 70 per cent of the overall population will be within the limits of working age by that time. This disposition is called a “demographic opportunity window”. It has been observed that periods of rapid growth formerly experienced in Japan (1960-1964) and Korea (1984-1988) coincide with periods during which active population increased. Should Turkey fails to benefit from this once-in-a-lifetime opportunity window, the increasing rate of dependency shall subsequently destroy social balances. The number individuals with 65 or more years of age shall increase from 3.7 million to 6.5 million between 2000 and 2020. The period of rapid population growth in Turkey has been left far behind now and annual population increase rate is expected to continue to descend in the years to follow.

In general, the real income of a person increases in proportions that decrease as his/her age increases, and it starts to decrease after a certain age. The reason for this

decrease is becoming void of one's qualities as time goes by. It is possible to observe this situation on the age-income graphs that look like an upside down "U" in various labor economics references. Thus, a period between the ages 25-54, when participation in labor force and income are the highest receives major emphasis in this respect. This period is important both for the individual and in terms of demographic structures of countries and the socioeconomic consequences to result there from. In Turkey, the 0-14 and 15-19 age groups will become fixed. What is significant is the fact that the 25-54 age group will increase at a rate which will increasingly decrease by 2025. This is what we call a 'demographic opportunity window'. The connotation of the demographic opportunity window for Turkey is positive and clear in terms of both production and the problems resulting from the social security system. However, if the qualities of this age group are not developed, this opportunity window may turn into an unemployment shock. If such window is not benefited from, the age group of 65 and above shall destroy all social balances.

Looking at the Turkish Statistical Institution's 1988-2002 Household Labor Force Survey, we see that despite the increase of 48 per cent in the population capable of working during the 1988-2002 period, employment increased by only 23 per cent. Hence, the employment increase rate during the recent period is less than the increase rate of the population capable of working. One of the major reasons for this is individuals' losing any hopes for finding a job upon migration from rural areas to urban areas, due to both the low level of education and skills and limited employment opportunities, and, consequently, remaining outside the scope of the labor force by ceasing the search for employment opportunities. Through urbanization and increasing of educational levels, individuals will start to seek employment opportunities, and this will decrease the figures for the population not included in the labor force, while increasing the figures for unemployment. Nevertheless, the increase in employment in the service sector is above the rate of the increase in the population capable of working, which is 2.5 per cent. As in the coming years the share of the service sector within the overall economy will increase, this sector will eliminate the portion of 1.5 per cent of the increase of 2.5 per cent in the labor supply, and the remaining 1 per cent will put Turkey on the spot. In Turkey, unemployment will increase and labor force participation rates will decrease as long as net industrial employment increase does not exceed 1 per cent, through departure from the agricultural sector.

Future of the Labor Force and European Employment Strategy

The European Employment Strategy (EES) was established at 1997 Luxembourg summit. The Council of Europe meetings held one after another as a response to the changes in the socioeconomic situation have enabled establishment of the basis for EES and strengthening of ties with other policies of the Union. During the Lisbon summit held in March 2000, EES was reviewed and consensus was achieved on the issues of sustainable development, quality- and quantity-wise improvement of employment and strengthening of social harmonization by 2010. Concrete goals were set during this summit such as making EU a more competitive and dynamic knowhow economy, restoring the full employment level, increasing employment ratio to 70 per cent and women's employment ratio to 60 per cent during the next 10 years. During the Stockholm summit held in March 2001, two new intermediate goals and a new final goal were added to the ones established at the Lisbon summit. These were:

- increasing the EU employment ratio to 67 per cent by 2005,
- increasing the EU women's employment ratio to 57 per cent by 2005,
- increasing the EU employment ratio of elderly employees to 50 per cent by 2010.

Answers to Medium Term Questions

In Turkey, the increase in the population has been bringing with it unemployment for long years. As our country has been struggling to escape from the financial crisis of the last three years, the main challenge encountered by the “second generation” reforms being planned is increasing the job creation level. However, employees suffer from a substantial lack of confidence due to the slow pace of the job creation process. A high ratio is outside the official labor force market, wages are very agile and employment in the private sector has also become rather active during the last four years. The aim of this effort is to analyze in the context of an economy in an adaptation process the alternatives related to labor market reform for realizing the binary goal of creating employment opportunities and decreasing economic vulnerability of workers. These two goals may conflict with each other, but the difficult thing in this respect is to determine the policy alternatives for achieving both goals.

Reviewing of business market regulations point out that the employment protection legislation in Turkey –pension regulations and social protection measures such as restrictions on half-time work and social insurance contributions— is stricter compared to many countries. The cost of conforming to such regulations is one of the highest costs in all countries with comparable data. It may be expected of these regulations restricting the flexibility of the business market, making it difficult for companies to adapt to changing conditions and increasing the costs of engaging in a business. However, in practice, companies and employees may abstain from these regulations and get affected from them at a minimum level.

Demographic trends give rise to ageing of the labor force and decreasing of the population capable of working, which endangers the future of social security systems. Globalization, technological changes and transition to an information society have increased the requirement for economic and social restructuring further. While working styles become less organized, working life has become more complex, and transitions from one job to another and from one business status to another, from business to education and from education to business have become more frequent. It is necessary to keep people longer in business life and prevent social exclusion, as well as encouraging change and adaptation to change in order to achieve a higher level of productivity and competition. The form of investments is also changing. Investment in human resources, growth, employment and social integration are presently acknowledged as vital.

Labor Force and Employment in Near Future

Recent demographic trends and the reflections of these on the labor force during the next ten years are projected as follows:

As fertility rates decrease rapidly, striking changes occur in the age composition of the population, as well. Studies on probable age composition of the population in 1990 onwards point out that the population between the ages of 20 and 54—which also comprises the population capable of working— shall increase significantly (the current ratio of 44 per cent will increase to 52 per cent by 2010). The rapid decrease of the share of young population (0-14 ages) within the overall population (from 35 per cent to 26 per cent) and the increase, even if at a much less ratio (from 4 per cent to 6 per cent), of the share of the elderly population (65 and over) create a favorable situation in terms of the share of the dependent population within the overall population.

Such a situation generates certain duties, as well as creating certain opportunities. When employment opportunities increase, a greater portion of the population will be able to find income generating jobs. The tax base will probably enlarge and, as a result, public savings will increase. An increase may also be expected in private savings. Even if the share of educational expenses within the GDP remains fixed, resources related to education will increase. In the end, an increase may be expected in the average quality of education. When all adults will be employed, children will be able to continue school for longer periods and benefit from more efficient labor force market opportunities. As employment spreads out, the social security system will develop, as well, and elderly people will be able to reach wider ranging opportunities in the areas of pension and healthcare services. Conversely, if the demand for labor force remains behind the potential labor supply of the population capable of working, the least of all productive potentials of individuals will not be activated. A worse outcome would be unemployment and arising of potential adverse conditions of poverty and social unrest never seen before.

Actions to Be Taken

- a. The basic aim of macroeconomic policies should be increasing employment. For example, policies concerning the business life supporting employment and rapid production increase for individuals from all age groups, and providing the opportunity for elderly people to participate in the business life, as long as they are willing and capable,
- b. Increasing participation of the population capable of working in business life and decreasing the risk of becoming dependent in the declining ages, increasing participation of particularly women in the labor force and decreasing unemployment, provision and sustaining of healthcare services to employees prioritizing preservation and improvement of health at work, establishing safe environments to maintain business skills, taking the required measures involving the provision of access to lifelong learning, continuous education and training, on-the-job training, vocational rehabilitation and flexible retirement, and also, developing policies to ensure participation of unemployed individuals and disabled people in the business life,
- c. Spending particular efforts to increase participation of disadvantaged groups such as women, long-time unemployed individuals and disabled people in business life, with the purpose of decreasing the risk of exclusion from business life and becoming dependent in the declining years,

- d. In particular, preventing all kinds of discrimination, with first and foremost gender discrimination, and supporting elderly people in their efforts to establish their own businesses and small enterprises,
- e. Assisting elderly people who work in the unregistered employment sector by providing social security and improving their working conditions,
- f. Promoting employment of elderly people, preventing any adversities encountered by them through early acknowledgement and eliminating the age barriers in business life,
- g. Bringing, where appropriate, new approaches to the retirement system, such as protection of vested rights, more flexible retirement policies and practices, promoting flexible retirement that takes into consideration the needs of employers, as well as employees, decreasing any pressure in this respect, and eliminating the adverse attitudes faced by employees after their retirement ages have expired,
- h. Developing family-friendly, gender discrimination sensitive policies that embrace both employment opportunities and service responsibilities, and providing care opportunities and facilities for family members of elderly people and for disabled people and people with chronic diseases including HIV/AIDS, the numbers of which increases continuously,
- i. Spending efforts to eliminate the adverse aspects of working after retirement such as pension problems, and problems related to disability and healthcare rights,
- j. Implementing new workplace practices and regulations that ensure sustaining of working capacities and meeting the needs of employees through assistance programs aiming at ageing employees,
- k. Supporting participation of employees in decision making process on issues of economy, healthcare, etc. in order to ensure their long-term contribution to the labor force,
- l. Developing a realistic environment that suits the skills and capabilities of elderly employees or those who are to participate in business life for the first time, through improvement of bad examples,
- m. Having politicians take elderly employees into consideration in their decisions concerning business life, in order to ensure that they would not be subject to more adversities than young employees, benefit more from business life and not lose their jobs,
- n. Devising programs to be implemented in the final stages of the business life that would facilitate transition to retirement, prepare individuals for their retirement periods, and developing measures for the transition period.

2.1.4. Rural Development, Migration and Urbanization

Goal 1: Improvement of Rural Living Conditions and Infrastructure

Current Situation

Rural settlements that represent over one third of the population in our country make up a significant portion of our population potential. Increase in the employment opportunities in a number of cities such as Istanbul, İzmir and Bursa, where industrialization is concentrated, has accelerated the migration of especially the young population from rural areas to cities. It is observed that parents whose children

migrate to cities do not prefer to leave their social environments where they have been living for long years, and that the elderly population is concentrating in the rural areas. Our country, having realized a transition from an agricultural society to an industrial society, is currently in the process of economic transition, trying to stand straight with all its strength over against developed information societies in an environment of competition where giant countries are in the search for new markets in today's globalizing world set-up.

In Turkey, the social problems in the rural areas include the lack of an adequate level of healthcare services, education-related problems, and lack of communication means that suit the requirements of the day, deficiencies in road transportation, destruction of forests as a result of the need for heating and lighting problems in certain areas. These problems that adversely affect all individuals living in rural areas undoubtedly compel elderly people the most to struggle to survive under unhealthy conditions. The common area of profession and means of subsistence of the rural people, where employment opportunities are not at all diversified, is agriculture and stockbreeding. The requirement for technological agricultural tools and production-oriented agricultural support credits increase day by day that would enable our elderly people deprived of their former physical power as a result of the fatigue of long years and the disabilities that arise with declining age.

Actions to Be Taken

- a. Supporting of elderly people who work in the agricultural sector through teaching of new agricultural techniques and technologies and sustaining of access to structural and financial services,
- b. Increasing economic diversity through provision of funds or support to income generating projects and rural cooperatives, promoting small scale private enterprises,
- c. Promoting investments in rural areas with service deficits through practices such as devising installment plans with small installments for credit back payments and supporting of small scale finance institutions,
- d. Developing adult education and training in rural areas and areas with difficult transportation access,
- e. Informing of people living in rural areas and areas with difficult transportation access on economy and society on the basis of scientific data,
- f. Assuring of the rights of elderly women, including equal rights in accessing economic sources and in their employment in rural areas and areas with difficult transportation access,
- g. Reinforcing social protection and social security measures for elderly people in rural areas and areas with difficult transportation access,
- h. Ensuring access of elderly people to basic services in rural areas and areas with difficult transportation access.

Goal 2: Prevention of Exclusion of Elderly People from the Society in Rural Areas

Current Situation

In our country, as in most of the developing countries, young individuals in rural areas migrate to cities for educational and occupational purposes, while the elderly individuals continue with their lives in villages either through traditional family support or being deprived of sufficient financial means. In this case, elderly men and women become dependent on others and suffer the most from economic problems, as no payment is made to them for their roles in the family and against their efforts in the family business.

Elderly people living in rural areas whose children work abroad receive economic support in the form of some compensation from their children, which also make considerable contributions to the society and the national economy.

In our country, the situation of active or passive elderly people or those with no relatives who migrate from rural areas to cities seems to be more advantageous compared to those living in rural areas, in terms of maintaining their traditional family structures and the communication between individuals. In particular, considerable support is provided by local governments and non-governmental institutions, within the limits of their means, to homeless and deprived elderly people or those who are sick or disabled.

Meanwhile, physical and social services required by elderly people who live in rural areas to sustain their lives without being excluded by the societies they live in are yet to be provided.

Actions to Be Taken

- a. Developing and implementing programs and providing the required services for ensuring that elderly people in rural areas, including the ones with disabilities, can sustain their lives without becoming dependent,
- b. Supporting and reinforcing of traditional rural living and social support structures,
- c. Prioritizing of those elderly people with no relatives and who are alone, and in particular women who enjoy longer old-age periods with much limited means, in these programs,
- d. Prioritizing of elderly women in rural areas in terms of the support provided through access to financial and infrastructural services,
- e. Facilitating the sharing of information and experiences between elderly people through the development of new social support structures in rural areas.

Goal 3: Inclusion of Elderly Immigrants in New Societies

Current Situation

Immigrants who arrive in Turkey were provided with accommodation and occupation opportunities in line with the policies implemented by the government starting from

1923 until 1960s. The majority of them being farmers and their adaptation to the rural settlements increased the significance of the climate and production styles of their homelands.

It is observed that immigrants' approaches to settlement and especially accommodation problems changed since 1980. First of all, as it was acknowledged that the Housing Law No. 2510 fell short in housing immigrants in the country, the frameworks of housing practices were established through separate laws enacted for Afghan immigrants that arrive collectively, the immigrants from Bulgaria who are forced to migrate and the Meskhetian Turks that are brought from the CIS republics.

Among the efforts exerted in this connection, the practices for the immigrants who arrived from Bulgaria in 1989 are singular. Immigrants were involved in housing projects right from the start and they had the right to acquire the dwellings at their preferred locations, to the extent of their monetary contributions.

Furthermore, 3.5 per cent or 4 per cent of our over 3.5 million citizens currently living abroad consists of people with 65 years of age or over. Within the framework of a series of action plans for our citizens living in foreign countries initiated in January 2002 and currently ongoing, a project named "First Generation Plan of Action" is being pursued to help our elderly citizens. Within the scope of such efforts, information, orientation and guidance services are offered through the Offices of Counselors and Attachés of the Ministry of Labor and Social Security to our elderly citizens living abroad concerning their economic, social and legal problems. In addition, there are ongoing efforts aiming at the elimination of any adversities encountered by these citizens concerning issues such as generation conflicts, isolation, alienation and exercise of social security rights, and the formation of a cooperative environment through making claims to the official authorities and institutions of the countries in question to help them come together under the roof of an organization.

Actions to Be Taken

While Turkey is not an immigration country, it is known that some of our consanguine living in foreign countries takes refuge in our country and that our governments provides them all kinds of facilities and amenities they require under extraordinary conditions. Also, as efforts in this respect are being pursued within the framework of the "Asylum-Migration National Plan of Action" drafted with the purpose of ensuring harmonization to the *Acquis Communautaire* of Turkey's Asylum and Migration Transactions, coordinated through the Security General Directorate of the Ministry of Internal Affairs, no other plan of action on the matter is deemed necessary. Meanwhile, facilitation of the adaptation of our elderly citizens who come back to our country to stay here during their retirement after having spent long years abroad to the conditions of our country is also of considerable importance.

2.1.5. Access to Information, Education and Training

Goal 1: Lifelong Equal Opportunities both for Education and Training and Innovations in Education and for Vocational Guidance and Placement Services

Current Situation

Efforts for full membership of our country to the European Union are conducted with utmost diligence. However, it is observed that policies involving renewal of the education and training systems, lifelong equal opportunities for vocational guidance and placement services aiming at ensuring contributions of elderly people over 60 years of age to the development of our country are not covered at the desired levels as of yet.

Expansive training efforts are conducted across the country by the public and private sectors under the surveillance and supervision of the Ministry of National Education through public education, apprenticeship, distance learning, open primary school, open high school, open vocational and technical school, private training institutions, private courses, private vocational and technical courses and private motor vehicle driving courses. Nevertheless, among these activities, the ones aiming at or benefited by elderly people are not satisfactory in terms of both content and duration.

Nonetheless, various courses recently launched by Metropolitan Municipalities (computer, English language, manual skills, etc.) accept all interested individuals who wish to receive training, without any discrimination by age limits. In addition, literacy courses are conducted through the “Education Campaign” launched by Education Volunteers.

As acknowledged, continuing education is required for ensuring productivity of individuals and nations. In all countries, lifelong education and training is a prerequisite for ensuring elderly people’s participation in employment.

Increasing of access to educational opportunities at early ages would help individuals coping with technological changes as years go by. Measures have to be taken to ensure elderly people’s benefiting from technological changes, participation in such changes and adjusting their situations according to these changes.

The innovations in education and training are important identifiers of the adaptation of employees to the changes in their workplaces. Technological and institutional changes may render an employee’s efforts useless and decrease the value of the work he/she does. Therefore, greater importance needs to be placed on informing of elderly employees on the developments in their respective branches and on the provision of access to the new opportunities in the field of education and training. Especially as the communication technology becomes more and more widespread; it is observed that elderly people are encountered with more difficulties in adapting to the technological and institutional changes.

Actions to Be Taken

- a. Increasing literacy rates of adults by 50 per cent by 2015, prioritizing women, and ensuring access to basic, sustainable education by all adults,
- b. Provision and development of educational opportunities for elderly people involving literacy, information and technological skills, also including special literacy and computer trainings aiming at those with disabilities,
- c. Implementing policies aiming at developing opportunities involving education and educational innovations for elderly people, and encouraging elderly people to make use of their acquired information and skills during their retirement periods.
- d. Ensuring that all individuals, with women being prioritized, benefit from new technologies, and especially the services in information and communication,
- e. Developing and extending user friendly information systems for elderly people with the purpose of meeting their everyday technological needs,
- f. Encouraging development of convenient information technology, printing and sound qualities, taking into consideration the changes that occur in physical qualities and seeing capacities of elderly people,
- g. Promoting efforts demonstrating the relationship between education and productivity in order to confirm the benefits of continuing education and training for elderly people, to both employers and employees,
- h. Ensuring awareness of employers and business institutions of the importance of retraining elderly people, and especially women, on matters concerning business life.

Goal 2: Benefiting from the Capabilities and Consultancy of Individuals from All Age Groups Taking into Consideration the Advantages of Experience Gained Through Ageing

Current Situation

Our country has a younger population compared to the European Union countries. However, factors such as life expectancy surpassing the retirement age, decrease in birth rate, age discrimination and lesser number of young people entering into the labor market in several developed EU countries or the ones at their transition periods called for the generation of an elderly workforce and hence an early retirement tendency.

As it is foreseen that in the years to come life expectancy will increase in our population and the number of retired elderly people will also increase just like in the EU countries, emphasis on the requirement to ensure active participation of elderly people in the society and in the development process, making good use of the ageing workforce, participation of elderly people to information, meeting their education and training demands, developing solidarity between the elderly generation and the young generation, elimination of poverty in old-age and guaranteeing income security of elderly people inevitably increases.

New policies need to be generated involving flexible retirement, new business regulations, preparation of adequate working environments, benefiting from experiences gained through ageing, capabilities and advice of individuals from all age

groups and vocational rehabilitation for disabled elderly people, with the purpose of extending the employability period, emphasizing the access of elderly people to information, education and development opportunities and preventing any difficulties elderly people would encounter in adopting new technologies, and especially the information technologies that expand with every day that passes by.

Actions to Be Taken

- a. Provision of educational opportunities for full employment of elderly people's capabilities and capacities and for sharing of information and experience between generations, including employment of new technologies,
- b. Ensuring elderly people taking roles as companion guide, mediator and consultant in work environments,
- c. Supporting and reinforcing of both traditional and non-traditional solidarity between generations in the family, among neighbors and in the society, from a gender equality point of view,
- d. Encouraging elderly volunteers to display their skills in all application fields, with first and foremost information technologies,
- e. Benefiting from social, cultural and educational experiences of elderly people and supporting employment of their capacities.

2.1.6. Solidarity Between Generations

Goal 1: Reinforcing of Equal Opportunity and Solidarity Between Generations

Current Situation

As issues such as integration of elderly people with the society, increasing their functionality and quality of life gain increasing importance in the whole world, the social value of elderliness has to be taken more into consideration. The support, confidence, affection and interest bestowed upon the elderly people, especially by their families, becomes very important in their struggles against the old-age problems, acceptance of being old, considering themselves as individuals still loved, respected and valued in the society and undergoing a healthy, happy and satisfied old-age period.

Life styles based on mutual support between parents and children in the Turkish society is very important in facilitating young people's start in life at the beginning of their marriages and taking their lives under assurance.

While the tradition of living together with parents, even if for a temporary period, is one of the most distinctive factors, the need of the elderly people for their children to look after them is another factor bringing about living together. In the meantime, variables such as urban lifestyle and education are important determinants bringing about the transition from traditionalism to modernism. The chances of parents living with their children decrease as young people start to have their own children. The prospect of living with parents decreases as the educational level increases, while the prospect of the mother living with her children when the father dies also increases. The prospect of living with parents increases also when traditionalism stands in the

forefront. While the prospect of living with parents is higher in rural areas, the situation is that the son accommodating his parents at his home.

While through modernization, there has been an increase in the nuclear families and a decrease in crowded ones, preference of elderly people and their children in the same quarters indicate that the family relations are still strong.

Due to the limited social security systems in developing countries such as Turkey, families along with the state and other institutions assume the responsibility of elderly people. The family functions as an important support mechanism in our country.

Surveys conducted indicate that elderly people in our country do not prefer to live with their children, but rather live an independent life through living in their own houses while sustaining their communication with their children by residing in the same quarters with them.

Surveys conducted again indicate that elderly people living close to or far away from their children and families tend to see each other rather frequently, help one another and more often than not they are satisfied with their relationships with their close relatives. However, the difficulties of the family members who assume the responsibility of helping and supporting the elderly members of their families increase with age, on account of their responsibilities also towards their work and their own families, and they tend to feel guilty for not being able to fulfill their responsibilities adequately. Therefore, formation of service models that would serve to support family members in caring for the elderly members of their families gains more and more significance.

Both official authorities such as governments and unofficial ones such as family and friends are very important in the provision of help and support to elderly people. Volunteer organizations will be expected to assume vital roles in the provision of a higher level of economic and social support to elderly people in the future.

Actions to Be Taken

- a. Informing the entire society on ageing and raising the awareness of the society on the issue of ageing,
- b. Revising the current policies in terms of the goal of developing solidarity and social unity between generations,
- c. Undertaking efforts aiming at developing of mutual and productive sharing between generations, focusing on elderly people as a social resource,
- d. Organizing meetings that would facilitate gathering of individuals from all age groups together abstaining from age group discrimination, and increasing the opportunities for sustaining and developing the relationships between generations within societies,
- e. Taking into consideration the particular situations and needs of individuals who are obliged to take care of their parents, their own children and grandchildren at the same time,
- f. Encouraging and reinforcing solidarity between generations as a key factor in social development,

- g. Conducting research on the positive and negative aspects of lifestyles of elderly people, living with their families or independently, in different cultures and environments.

2.1.7. Elimination of Poverty

Goal 1: Reducing Poverty Among Elderly People

Current Situation

As the most evident form of social inequality, poverty is the most fundamental problem of the history of humanity, as it eliminates the right to live a decent life. With its simplest definition, poverty is failure of individuals to meet their basic needs of nourishment, accommodation, education and health. While our country is in a rather acceptable situation in terms of food deprivation, its poverty rate is quite high in the context of other fundamental needs.

Turkish Statistical Institution 2003 Household Budget Survey results indicate that the number of individuals suffering from food deprivation in Turkey is 896,000 and their share in the overall population is 1.29 per cent. On the basis of food and non-food basic consumables, the number of people in deprivation is 19,458,000 and their share in the overall population is 28.12 per cent. International development indicators partially display the penetration of this poverty. While our country is in the upper ranks in terms of per capita national income, it ranks as 85th among 173 countries in terms of development level, according to the “Human Development Index” published in 2002 by the UN. Currently in our country, the ratio of illiterates is 14.9 per cent, those who do not have access to healthy potable water is 17 per cent and children under 5 years of age who are underfed is 8 per cent.

The situation is similar in terms of elderly people. The ratio of the population over 60 years of age is 9.56 per cent (6.3 million people) and 24.43 per cent of this population is in poverty (1.5 million people). As it is foreseen that the population of our country will rapidly decrease in the near future, the number of poor elderly people is expected to increase further. Poverty of elderly people is not only about their income level. Considering the inadequate level of services offered to elderly people in our country, it becomes evident that the elderly population is deprived of a number of basic needs and social service besides the income level.

The most significant practice concerning poverty of elderly people is the Law No. 2022 on “Putting on Salary All Turkish Citizens over 65 Years of Age Who Are Needy, Poor and Homeless” enacted in 1976. 1,092,457 people benefit from this law, as of 2004. The nursing homes operated by the Social Services and Child Protection Agency are another important practice on the basis of the poverty of elderly people.

Actions to Be Taken

- a. Inclusion of elderly people in policies and programs aiming at reducing poverty and decreasing the number of people living under severe poverty conditions,

- b. Prioritization of elderly women, very old people, disabled elderly people and those who live alone in the strategies and implementation programs aiming at eliminating poverty,
- c. Improving poverty indicators based on age and gender and evaluating the results obtained through the current poverty indicators on the basis of age and gender, with the purpose of determining the needs of elderly women where appropriate,
- d. Supporting programs prepared with the purpose of eliminating poverty among and strengthening the elderly individuals, especially women; increasing their contributions to development and ensuring that they benefit from the results thereof,
- e. Ensuring and improving access of elderly people to credits, markets, proprietorship and income generating business opportunities,
- f. Reinforcing national efforts and ensuring international cooperation for eliminating poverty, acting in coherence with internationally acknowledges objectives, with the purpose of providing sustainable social and economic support to elderly people,
- g. Reinforcing developing countries by supporting their efforts to eliminate poverty especially in old-age, with the purpose of increasing their participation in the globalizing economy.

2.1.8. Social Protection/Social Security, Income Security and Prevention of Poverty

Goal 1: Developing Programs for Provision of Primary Social Protection/Social Security for All Employees Where Applicable to Include Retirement Pay, Disability Assistance and Social Insurance

Current Situation

Policies concerning ageing involving social assurance are considered within the social state. The legal basis of the concept of a social state which takes into consideration the society and not the individual, not leaving the individual alone over against the state and protecting individual against the state through social organizations aims at protecting also elderly people, just like all the individuals in the society.

When considered from this point of view, the following laws and regulations provide social security for elderly people:

- Article 41 of the 1982 Constitution of the Republic of Turkey,
- Law No. 5434 on the Republic of Turkey Pension Fund for Civil Servants,
- Law No. 506 of the Social Insurance Institution,
- Law No. 1479 on Tradesmen and Craftsmen and Other Freelance Workers (Bağ-Kur),
- Law No. 2022 on “Putting on Salary All Turkish Citizens over 65 Years of Age Who Are Needy, Poor and Homeless” enacted in 1977,
- Agricultural Workers Law No. 2925 of the Social Insurance Law and Law No. 2926 on Self-Employed Freelance Agricultural Workers,
- Municipality Law No. 5216,
- Social Services and Child Protection Agency Law No. 2828,
- Law No. 3294 on Encouraging Social Help and Solidarity enacted in 1986.

As of 2004, the ratio of the population covered by the social security system in Turkey is 89.1 per cent and the ratio of those covered in terms of healthcare services is 88.7 per cent.

Actions to Be Taken

- a. Developing and implementing policies for providing an adequate level of economic and social protection to all individuals, throughout their old-age periods,
- b. Ensuring gender equality in social protection and social security systems,
- c. Ensuring that social protection/social security systems cover the entire working population, taking into account the increasing numbers of public and private sector employees,
- d. Drafting of new social protection/social security programs for individuals working for unregistered sectors,
- e. Implementing programs to support employment of elderly people with limited capacities, with the purpose of providing them the opportunity to benefit from social protection/social security systems,
- f. Ensuring that pensions are on a permanent basis, accurate and at an adequate level so as to work out problems, with transparent payment plans; ensuring that disability insurance also has the same qualities where appropriate,
- g. Drafting of a regulatory framework plan for private and supplementary pensions and for disability insurance where appropriate,
- h. Providing consultancy services to elderly people on issues related to social protection and social security,
- i. Establishing a database that would enable determination of poverty in the elderly population based on objective criteria and distribution of benefits without giving way to individual practices, through acknowledgement of social assistance as a vested right.

Goal 2: Adequate Minimum Wage for Elderly People, Particularly Those Who Are Socially and Economically Underprivileged

Current Situation

As of 2005, 938,677 people with no social assurance within the scope of the Law No. 2022 receive regular pension from the Pension Fund.

The 2005 Draft Statute on Budget will enable an increase in the index figures taken as basis for pensions in accordance with the Law on Putting on Salary All Turkish Citizens over 65 Years of Age Who Are Needy, Poor and Homeless.

It becomes evident that these pensions remain extremely short in providing an adequate minimum wage for elderly people, and especially those who are socially and economically underprivileged. However, through the enactment of Law No. 5378 on Disabled Individuals and Amending of Certain Laws and Decree Laws, disabled people over 65 years of age, who are acknowledged as incapable of sustaining their lives without the help of others, started to receive pension within the framework of Law No. 2022. Paragraphs 2 and 4 of Article 1 of the Law on Putting on Salary All

Turkish Citizens over 65 Years of Age Who Are Needy, Poor and Homeless were annulled and the below additional clause was appended to the same Law.

ADDITIONAL CLAUSE 1 – Although not over 65 years of age, disabled people over 18 years of age, with no one who is liable for looking after them, who are acknowledged as incapable of sustaining their lives without the help of others and whose disabilities are certified by medical reports issued by full-fledged hospitals, with average monthly income (under whatever name) less than the amount to be calculated by multiplying the index figure stated in Article 1 of this Law with the monthly co-efficient for civil servants will receive a salary at an amount equal to 300 per cent of the monthly sum to be determined according to Article 1 of this Law.

Actions to Be Taken

- a. Providing for the establishment of a system that would support disabled people where appropriate,
- b. Establishing systems that would provide minimum wages for individuals who are not covered in the scope of social protection/social security systems, suffer from poverty, live alone, female and without any support,
- c. Making the arrangements concerning pensions and disability insurance taking into consideration the life standards of elderly people,
- d. Taking measures for pension, disability insurance and savings arrangements against inflationary effects,
- e. Cooperating with developing countries, with first and foremost international finance institutions, with the purpose of regulating the fundamental social protection practices especially during old-age in order to help those countries who are in need.

2.1.9. Emergency Situations

Goal 1: Equal Opportunities for Elderly People in terms of Food, Accommodation, Health Care and Other Services in case of Natural Disasters and Other Emergency Situations

Current Situation

Natural disasters and other emergency situations turn people's lives upside down, render them helpless, make them unhappy and destroy all balances between the human being and the environment. Elderly people are a vulnerable group in need of special care both before and after the natural disaster as they are included in the risky group of the society.

Basic actions to be taken under emergency situations are due diligence, planning of shelters and locations, provision of adequate level of food, provision of clean water and sanitary conditions, contagious diseases and epidemics controls and coordinated conduct of emergency period healthcare services. For Turkey to be successful in the management of natural disaster, all resources pertaining to local governments, central governments, volunteer organizations and business circles should be evaluated as a whole. The fact that elderly people may make a positive contribution in coping with emergency situations should not be neglected.

A successful dietary program would require an excellent level of management and coordination. Organization of the diet should consist of rapid, simple and leading plans and programs for making use of the available resources. The basic aim of this organization does not involve only assistance and distribution of food, but also preservation of health, improvement of the diet and prevention of diseases and mortalities. In emergency situations, the prioritized issues in the dietary organization of elderly people include an adequate and balanced diet, the provision of nutrition support in required situations, clean water and alimentation safety. As elderly people usually suffer from one or more chronic diseases, the required arrangements should be made accordingly, in line with the possibilities.

Actions to Be Taken

- a. Taking structural measures for providing protection and assistance to elderly people including physical and psychological rehabilitation for those who become subject to disabilities in situations such as armed conflict or invasion of foreign powers,
- b. Calling for the support of governments for humanitarian aid and humanitarian emergency aid to provide protection and assistance to elderly people,
- c. Including the situations of elderly people, their whereabouts, vulnerability probabilities and contribution potentials in the requirement assessment reports in emergency situations,
- d. Increasing the sensitivity of rescue and assistance organizations about providing the basic support to encounter physical and healthcare related problems and requirements of elderly people,
- e. Ensuring that services for elderly people are in place and accessible and integrating elderly people into planning and distribution service where appropriate,
- f. Recognizing that elderly refugees with different cultural backgrounds who are obliged to age in new and unaccustomed to environments need more support and social connections in benefiting from services and supporting them in this respect,
- g. Assistance to elderly people should be mentioned clearly and understandably in the rescue and assistance plans in natural disasters including being prepared to natural disasters, training on rescue and aid activities and preparation of services and the required materials, and developing national guides in this respect,
- h. Assisting elderly people in restoring the family and social ties and coping with post-traumatic stress,
- i. Planning practices aiming at preventing opportunists causing economic damage to elderly people following natural disasters and protecting elderly people against abuse,
- j. Increasing sensitivity concerning physical, psychological, sexual and economic abuse of elderly people and protecting them against these acts, taking into consideration the risks all elderly people encounter in emergency situations, with first and foremost women,
- k. Supporting elderly refugees through devising and implementing plans and programs involving provision of assistance for self-sufficiency for the active ones and a higher level of care for older ones,

1. Reinforcing international cooperation through sharing the burden on the affected countries and coordinating humanitarian aid activities so as to support recovery and long-term development following natural disasters, other emergency situations and conflicts.

Goal 2: Increasing the Contributions of Elderly People upon Reestablishment and Restructuring of Societies and Reorganization of the Social Configuration Following Emergency Situations

Current Situation

Natural disasters and emergency situations occur in certain regions of our country, during which it is observed that the required endeavors by related authorities concerning how to benefit from elderly people in these situations fall short. Whereas, elderly people may very well be benefited from in the roles of basic care required in rehabilitation and restructuring phases following such incidents. In this respect, it should be taken into consideration by official and private rescue and assistance organizations that elderly people may make positive contributions in coping with emergency situations.

Actions to Be Taken

- a. Involving elderly people in the implementation in the society of rescue and rehabilitation programs including detection of the elderly people who were damaged or who could be damaged and provision of assistance to these people,
- b. Recognizing the leadership capabilities of elderly people in their families and in the society at large in taking decisions concerning education, communication and resistance,
- c. Assisting elderly people in regaining their economic self-sufficiencies through provision of rehabilitation including income generating jobs, educational programs and vocational activities, taking into consideration the special needs of elderly women in this respect,
- d. Providing legal information and consultancy for elderly people in situations where they have lost their real properties, income generating jobs and personal assets, and where they are obliged to relocate,
- e. Taking into consideration the needs of elderly people in the humanitarian aid programs and packages prepared in case of natural disasters and other emergency situations,
- f. Where appropriate, sharing the results of the successful practices realized through contributions of elderly people after emergency situations, and making the required arrangements in this respect.

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2.2. INCREASING HEALTH AND WELL BEING AT OLD AGE

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INTRODUCTION

Social health is related to the process that starts at birth and continues until mortality. A healthy society involves elderly people, as well as children and adults. Ageing, which is a natural physiological process, reduces and limits activity levels and functions of individuals, rendering them dependent on social and physical terms at varying levels. Ageing and the health problems that arise at old-age require a long-term care and increase social burden. The ever increasing elderly people ratio in the world causes this burden to increase further. When the ratios of children and elderly people within the overall population are compared to that of adults, the dramatic magnitude of the burden over the adult population becomes evident. The increasing life expectancy rate and the elderly population have brought up these problems and the solutions thereof also in our country.

Ageing is an inevitable process -- but this process may be a health and high-quality process, thereby the social burden arising from the elderly population may be decreased. Developing strategies aiming at increasing the quality of life and health ageing is an important means in increasing social health. Thus, healthcare policies targeting elderly people must be developed and implemented as soon as possible, in addition to the general healthcare policies currently in effect in Turkey. The significance of health ageing on personal and social terms has to be emphasized and social training concerning therewith has to be provided.

In Turkey, first of all the elderly population profile must be drawn thoroughly before developing special healthcare policies for elderly people. As in several other areas, one of the most important problems encountered in Turkey in drawing the profile for the elderly population is the lack of an adequate and accurate data base. Thus, all units in our country related to elderly people have to keep systematic records and these records have to be made available for use in inter-institutional cooperation and coordination. The data base required for clearly drawing the elderly population profile in our country would increase both the employability of these records and the realization and cost efficiency of the projects and actions to be developed for elderly people.

According to the World Health Organization, health is the condition of total wellbeing on physical, psychological, social and economic terms. As such, social health can only be achieved through policies that encompass all of these elements. A healthy society contains healthy elderly people equally as health children and adults. Therefore, healthy ageing and improvement of health in the ageing period, treatment of primary and secondary disabilities that arise as a result of the diseases suffered in this period and provision of full participation of the elderly people in the society are very important goals in terms of social health. Analyzing and improving the socioeconomic conditions of ageing in addition to its physical, psychological and healthcare-related aspects would make considerable contributions to the development and sustaining of the welfare of elderly people, as well as helping the improvement of social welfare.

2.2.1. Current Situation and Problems

The constructive arrangements made in the environmental conditions, in addition to the developments in science and technology, have decreased the prevalence rate of contagious diseases considerably. During the last fifty year period, significant improvements were realized in the field of healthcare services. As a result of all these developments, life expectancy in the world at large increased by 50 years. Hence, currently contagious and parasitic diseases have been replaced by chronic and degenerative diseases.

Increasing of the life span denote to the ageing of the organism. Elderly people are encountered with various health problems as a result of the physical changes that occur due to ageing, as well as chronic diseases, which affect their quality of life significantly. Thus, it becomes necessary to develop social policies suiting the increasing requirement for the care and treatment services of the elderly population.

Elderly people, equally as adults and children, are entitled for benefiting from and access to preventive and curative healthcare services. As such, personnel training and arrangements for meeting the needs of elderly people are required in terms of healthcare and nursing services for elderly people.

The resources reserved for healthcare in Turkey are below the corresponding level in the OECD countries and the available resources are utilized inefficiently. There is no single general health insurance system that covers all individuals and the existent insurance institutions operate according to different principles from one another. The private health insurance system, on the other hand, is a new system, not well-established and not widespread as of yet. This situation generates adverse effects for our elderly people in terms of benefiting from healthcare services adequately and properly.

Hence, the conditions required for leading a good life at old-age, just like during youth and adulthood, need to be established through new advanced and comprehensive healthcare policies.

2.2.2. Lifelong Improvement of Health and Well Being

Goal 1: Deceasing the Cumulative Effects of Risk Increasing Factors for Diseases and Dependence

Current Situation

Increasing of the life span denote to the ageing of the organism. In time, changes occur in the physiological functions of the human body such as eyesight, earshot and locomotion. While these changes do not affect living until a certain level, the quality of life gets adversely influenced as such changes increase. Through ageing, coronary artery diseases, lung diseases, diabetes, osteoporosis, and similar problems increase. The physiological changes caused by ageing bring about chronic diseases, psychosocial problems and problems arising from inactivity, thereby creating a vicious circle. Inactivity is a common problem that causes diseases or losing of certain functions for elderly people and that may even cause disability in the long

term. Several physical, physiological and environmental factors trigger inactivity for elderly people. The most common reasons are musculoskeletal system disorders, nervous system disorders, cardiovascular diseases, lung diseases, earshot and eyesight problems, environmental factors and others (dietary malfunctions, serious systemic illnesses, pain, depression or side effects of medicines). While inactivity may not be prevented in entirety, its side effects may. It is possible to prevent or at least reduce serious complications by increasing the activity level. The best treatment of inactivity in elderly patients would require specific diagnosis and a method of treatment that involves several disciplines related to the disease and disability in question, which would be realized through teamwork.

The risks of suffering from diseases and dependability of elderly people are affected from social and environmental conditions. Elderly people with economic problems encounter serious problems in terms of diet, hygiene and similar issues, which reduces or damages their social integration.

In our country, just like other countries, the increase in the life span, the changes in the family structure and social relationships, decreasing of the activity level through the advancing technology and the sedentary living style arising there from and the intense level of stress caused by harsh living conditions bring about an increase in the chronic diseases and the problems arising from old-age. Moreover, the inadequate level of special clinics for elderly people and the healthcare services in Turkey causes the diseases that arise in elderly people to become chronic and brings about an increase in functional losses and disabilities and a decrease in their self-sufficiency levels. The social deficiency of information and education on healthy living and healthy ageing, inadequate activity level and lack of the habit of exercising furthers this problem. For most elderly people who go to clinics, it turns out that treatment has been delayed or neglected and sometimes the patient has lost any chances for early and effective treatment and become completely dependent. While healthcare expenses of such patients increase, the requirement for the care of healthcare personnel or for families also increases. Often their treatment becomes an impasse and their nursing becomes very difficult as a result of the grave picture that is created. First of all the elderly people themselves, then the healthcare personnel and families suffer acutely from the lack of special healthcare policies and systems intended for elderly people in our country.

Services aimed at meeting healthcare, economic and psychosocial needs of elderly people should be developed in order to ensure that their quality of life is elevated, their requirements accommodated in the best possible manner and their integration with their families and the society is provided for in the ever changing social structure. The support of the state and volunteer organizations is required in this respect. The necessary training should be given and arrangements made in order to ensure that the care and services offered to male elderly people are equally provided to women in especially the rural families where patriarchal system is dominant. The training facilities and support to be provided by institutions and organizations in this context should be coordinated and the efforts of non-governmental organizations in this respect should be encouraged.

It is very important that such preventive and educative services are extended to all age groups starting with childhood in terms of decreasing the adverse physiological and

psychosocial effects of ageing and increasing the quality of life. It will also make a great contribution to the training of elderly people. Air pollution, noise pollution, traffic problems, inappropriate architectural and environmental arrangements and unhygienic food and beverages also pose healthcare related risks for elderly people, and therefore should be taken into consideration.

Actions to Be Taken

- a. Prioritizing practices aiming at eliminating poverty so as to improve the health of elderly people, and first and foremost the needy ones and the ones excluded by the society,
- b. Providing care and protection to ageing individuals with the purpose of reinforcing families and societies, where appropriate,
- c. Setting goals through the perspective of gender equality for improving the health of elderly people and decreasing disabilities and mortalities,
- d. Determining the environmental and socioeconomic factors that increase diseases and disabilities and cause early mortalities and struggling against these factors through inter-segmental cooperation,
- e. Organizing far-reaching campaigns in the areas of health improvement, health education, protective policies and information in order to decrease the health-related risks such as inadequate and unbalanced diet, sedentary living style, smoking, passive smoking and excessive alcohol consumption for all age groups,
- f. Developing and implementing legal and administrative measures to decrease being exposed to lifelong environmental pollution, informing the society in this respect and improving health in general through campaigns,
- g. Developing safe employment means for all kinds of treatments, taking regulatory measures in this respect through participation of institutions from related industries and segments and minimizing the unfavorable utilization of prescribed medicines,
- h. Emphasizing efforts aiming at educating the society on the issue of healthy ageing and raising its awareness in this respect, keeping on the agenda the subject of prevention of factors that accelerate ageing.

Goal 2: Developing Policies to Prevent Old Age Diseases

Current Situation

Looking at the health related evaluation of elderly people in our country, we see that 90 per cent of the individuals over 65 years of age suffer from chronic diseases, and that 35 per cent suffer from 2 or more, 23 per cent 3 or more and 14 per cent 4 or more diseases simultaneously. Elderly people more often than not die from these diseases and the complications related therewith. The most common causes for mortality for individuals over 65 years of age in Turkey are heart diseases (43.2 per cent), cancer (10.3 per cent) and cerebrovascular diseases (8.4 per cent). As individuals over 60 years of age usually suffer from more than one disease, the accurate reason for mortality is not known for sure most of the time.

Old-age is a factor per se that increases vulnerability against infection. There are many reasons for the prevalence of infections on individuals over 65 years of age,

which are physiological reasons such as first and foremost the changes in the immune system, reduced coughing reflex, circulation system disorders and late healing of wounds. Other factors that may influence frequent occurrence of infection in elderly people are chronic diseases, utilization of medicines that pressurize the immune system and conjoint living. Infectious diseases in elderly people are diseases that need to be treated most cost-effectively and most economically. Adequate diagnosis and correct treatment of infectious diseases of elderly people is important in terms of improving the quality of the nursing services offered to them and saving from resources.

Most common infections observed on elderly people are urinary system infections, pneumonia, tuberculosis, dermatological infections, bacteriemia, infectious diarrhea, meningitis and septic arthritis.

Urinary system infections are observed especially on women with ageing. The prevalence ratio of urinary infections without any symptoms increases by 1 per cent every ten years and this ratio reaches 7-8 per cent for women between 70 and 80 years of age. For elderly people who live in nursing homes or clinics, the ratio increases for both genders.

Socially originated pneumonia is known to be very common in elderly people. This ratio increases 15 times for individuals of 75 years of age, compared to 15-17 years. Pneumonia is a very important disease when elderly people are concerned as its treatment is difficult and expensive and it has a very high mortality rate. Tuberculosis also continues to be a significant disease for elderly people.

Spinal cord injuries which are also very common in elderly people and typically very difficult to cure are quite significant in terms of elderly people.

Bacteriemic diseases are observed both more frequently on elderly people and cause a higher level of mortality depending on the increased chronic disease prevalence. The most common spots for socially originated bacteriemia are the urinary system, abdominal area and lungs, in the order of frequency.

Diarrhea is a significant diseases and cause of mortality for elderly people. Elderly patients are under a higher risk for digestive system infections on account of their decreased intestinal activity and the frequent occurrence of digestive system diseases at old age.

Over 25 per cent of the patients suffering from septic arthritis are over 60 years of age. Mortality rate is higher for elderly people and full recovery is not possible most of the time. Septic arthritis develops over the background of former romatoid arthritis, artificial joints or degenerative arthritis.

Actions to Be Taken

- a. Developing early intervention methods so as to prevent or delay diseases and disabilities,

- b. Devising preventive healthcare services and screening programs for elderly people designed through the perspective of gender equality, and ensuring access to these programs,
- c. Training of healthcare, social service and nursing specialists for offering consultancy and guidance services on healthy living and personal care issues for elderly people, and promoting these specialization areas,
- d. Forming and supporting social reinforcement and solidarity groups in order to facilitate active participation of elderly people in meetings with friends, neighbor visits and volunteer programs with the purpose of preventing personal and social risks that arise as a result of social exclusion and psychological diseases; improving citizenship and cultural participations of elderly people and encouraging local governments in this respect, as part of the strategies for the struggle against social exclusion,
- e. Implementing and reinforcing national and international security standards with the purpose of preventing injuries at all age groups, where appropriate,
- f. Spending efforts to prevent accidents and injuries and to determine their causes, taking measures to protect pedestrians, implementing programs to prevent falling down, minimizing household hazard risks including fires, making recommendations concerning security measures, and encouraging personal and social training in this respect,
- g. Developing indicators for the common diseases for elderly people so as to light the way for the policies formulated to prevent the progress of such diseases,
- h. Encouraging elderly people to adopt and maintains an active and healthy lifestyle involving physical activity and sports.

Goal 3: Provision of Access to Alimentary Products and Adequate Nutrition for All Elderly People

Current Situation

The physiological, physical, psychological and environmental factors that adversely affect the dietary habits of elderly people include poor economic conditions, dental health, decrease in the amount of food consumed due to diseases, excessive use of medicines, failure to shop by themselves and failure to eat by themselves.

The major cause for mortality in our country is cardiovascular diseases with a ratio of 43 per cent, followed by cancer with 11 per cent. The prevalence ratio of high blood pressure is 11 - 43 per cent and diabetes 3.5 per cent (but this ratio increased to 25 per cent for men and 14 per cent for women during the last 5 years). Osteoporosis prevalence is 9 per cent for women and 6 per cent for men and the ratio of fractures during menopause is 16.7 per cent.

In our country, anemia is another important public health problem. Its prevalence ratio is 50 per cent for children and pregnant/lactating women and 30 per cent for pre-school children. Anemia has adverse effects on growing at early ages and general health in elderly years. While there are no available data for prevalence of anemia in elderly people, its high prevalence rate at early ages makes us think that it may be an important problem for elderly people, as well.

Inadequate and unbalanced nutrition play an important role in the generation and progress of diseases and disorders such as obesity, cardiovascular diseases, cancer, diabetes and osteoporosis with high morbidity and mortality rate in terms of elderly people. Prevalence of diseases due to inadequate nutrition is increasing in our country. Studies indicating this fact were held for risk groups such as children and pregnant/lactating women, and for adults. No study was come across in our country at large on the prevalence of the diseases caused by malnutrition and the dietary factors and other factors that cause these diseases in terms of elderly people, although they are included in the risk group.

While there are no national nutrition and health surveys held for elderly people, the results of current food consumption surveys indicate that elderly people both living at home or in nursing homes suffer from energy, protein, Vitamin A, B1 and B2, niacin, Vitamin C, iron, calcium and zinc insufficiency. Protein energy malnutrition is important for elderly people in that it causes medical problems, decrease the functionality level and increase the mortality risk. Though, there is no data indication protein energy malnutrition in the elderly population living in institutions or at home in our country anyway.

While insufficiency prevalence rate for folate and Vitamin B12 for elderly people is not known, such insufficiency is known to be an important cause for cardiovascular diseases at elderly years.

Unhealthy nutrition and obesity resulting there from cause nutrition-related chronic diseases (cardiovascular diseases, cancer, diabetes, osteoporosis, etc.). While these diseases generate as a result of the interaction of multiple factors, scientific research indicate that malnutrition continuing since childhood have a significant influence in this respect.

The most common oral motor malfunction that generates with ageing relates to the chewing function. Chewing alimentary products is more difficult compared to young people even for elderly people whose teeth are intact. Oral and dental health is one of the most important factors affecting the diet for elderly people.

Actions to Be Taken

- a. Carrying out national and poly-centered studies for determining nutritional and health related statuses of elderly people,
- b. Conducting research on the nutritional factors during the ageing process,
- c. Developing fundamental alimentary and dietary policies for elderly people and devising dietary guidance,
- d. Providing and developing equal opportunities of access to clean water and alimentary products for elderly people, providing safe and nutritious food products for them at a national level and improving food safety in general,
- e. Ensuring equal distribution of alimentary products, resources and technology,
- f. Promoting an adequate and balanced diet for elderly people, preferably consisting of the food products of the area, providing the required level of energy and not causing insufficiency for micro or macro alimentary products, and conforming to the national nutrition goals,

- g. Prioritizing malnutrition and diseases resulting there from when devising programs aiming at the improvement and preservation of health for elderly people,
- h. Encouraging lifelong adequate and balanced diet throughout childhood, taking into consideration nutritional requirements depending on gender,
- i. Informing the whole society on the ageing process, initiating this kind of education at early ages and adapting such educational methods to elderly people,
- j. Early diagnosis of dental problems at elderly years so as to prevent eating problems and resulting malnutrition, certain oral, dental and gingival diseases and other diseases and infections that may generate there from, and providing economic treatment facilities in this respect,
- k. Providing adequate and balanced diets for elderly people at hospital and other nursing institutions, arranging menus that would suit their requirements,
- l. Conducting health-related screening among elderly people living in the society and at geriatric clinics, paying attention to malnutrition problems of elderly people with low socioeconomic means,
- m. Providing training to elderly people living in rural and urban areas on healthy living, adequate diet and eating habits,
- n. Training the society and elderly people on particular alimentary product requirements such as proteins, vitamins, minerals, energy and adequate amount of water, including through volunteers,
- o. Including special nutritional requirements of elderly people in the curriculums of all healthcare and nursing services personnel,
- p. Preparing menus for elderly people dependent on their families in order to increase the quality of life and prevent the risk of malnutrition,
- q. Providing diet aid suiting disease related requirements to healthy elderly people and those dependent on their families, within the scope of the assistance involving food packages for elderly people with low socioeconomic means.

2.2.3. Provision of Full Access to Health Care and Nursing Services

Goal 1: Elimination of All Kinds of Social and Economic Disparities Based on Age, Gender or Any Other Differences with the Purpose of Providing Universal and Equal Opportunities for Elderly People in Accessing to Health Care and Nursing Services

Current Situation

The emphasis on continued, coordinated and comprehensive care services increased with chronic diseases gaining coverage in the whole world. The current care models employed in healthcare services fall short in meeting the requirements of the rapidly ageing population. As the population gets older, the demand for the methods consulted to delay and cure chronic diseases, decrease pain and improve the quality of life increases.

The World Health Organization defines long term care as “the active total care provided to individuals who fail to take total care of themselves by unofficial attendants (families, friends and/or neighbors) and/or healthcare and social service

specialists with the purpose of offering them the highest possible level of independence, autonomy, participation, self-sufficiency and honor as well as increasing their quality of life to the optimum level based on personal preferences”.

Despite all efforts at improving health and preventing diseases, disease generation risk increases with ageing and resorting to curative services become indispensable. In our country, majority of elderly people are eligible for benefiting from first degree healthcare services, but these services are conducted in a routine manner and most of the time fall short. Although first degree healthcare institutions are well found so as to provide also second and third degree healthcare when required and they employ such services for children and adults most of the time in a routine, they can not offer these services to elderly people who require special care except for certain circumstances. Thus, access to healthcare services and their ratios and qualities of service should be based upon the principle of equality for individuals from all age groups. As the primary healthcare services for elderly people in our country are not distributed equally, there is inequality and insufficiency in terms of the number and service quality of the nursing homes and rest homes that provide care services for elderly people in the general sense. Not every elderly person in need for these services is able to benefit from them.

Rehabilitation for elderly people is the entire efforts at determining current functional capacities, providing treatment services, improving the remaining functional capacities, supporting current physical, psychological, social and economic capacities of elderly people with permanent or temporary physical or mental disabilities at varying levels, either congenital or that arose as a result of a disease or accident, with the purpose of making them independent in their daily lives.

On account of the gradual acceptance of the notion of nursing homes or rest homes by our society, the improvements in the economic conditions of our country, the increase in the average life span and the multi-faceted difficulties encountered in caring for elderly people who require special care, the service offered in this area fails to meet the demand.

The number, the level of knowledge and the quality of service of the healthcare personnel and nursing personnel to work in both nursing homes and rehabilitation centers are insufficient. While in-service training seminars are offered to groups who work with elderly people through the cooperation of the government, universities and non-governmental organizations, even if at an insufficient level, these efforts must be spread out, developed and coordinated.

It is very important to eliminate any discrimination such as age or gender in terms of equal access to these services.

Actions to Be Taken

- a. Ensuring equal distribution of the resources allocated for healthcare and rehabilitation services and making sure that especially elderly people who are in need can benefit from these resources at a higher level,
- b. Improving resource allocation so as to ensure access to the required medicines and other means of treatment and do it in an affordable manner especially in

- areas where such services are provided at a limited level such as rural areas and locations with difficult transportation access, and encouraging volunteer organizations to offering these services,
- c. Ensuring equal access of elderly people and those individuals living in rural areas and in regions with difficult transportation access to the affordable services, medicines and other means of treatment through reducing or revoking the taxes and insurance contributions they pay and through other means of financial support,
 - d. Training and supporting elderly people and their relatives in efficient use and selection of healthcare and rehabilitation services,
 - e. Ensuring elderly people's access to primary healthcare services without being subject to any discrimination such as age group or gender; if necessary, developing policies to provide consultancy and accessibility services through the government, local governments and volunteer organizations, and taking extra measures for rural areas in this respect,

Goal 2: Developing and Strengthening the Primary Health Care Services in order to Meet the Needs of Elderly People and Promote Their Participation in This Process

Current Situation

While it seems that the number of institutions related to healthcare services for elderly people are adequate in our country, lack of proper coordination between these institutions and the problems arising from legal arrangements decrease the quality and adequacy of the services offered. Coordination is a prerequisite for the planning, conducting and supporting of the social, economic and healthcare related services aiming at elderly people.

There are no sufficient researches on healthcare services for elderly people at the national level. The first degree healthcare personnel are not trained on the protective measures for the elderly population. Both first degree and second degree healthcare institutions lack routine programs concerning prevention, early diagnosis and tertiary prevention targeting elderly people healthcare.

In Turkey, medicines are excessively used by the elderly population, just like in the world at large. While safe usage of medicines through determining the factors such as maximum efficacy of the medicine, its safeness, its eligibility for the patient, and its cost-benefit ratio is important for all age groups, it is of particular significance for the elderly age group. Elderly people use several medicines due to the physiological changes that they become subject to through ageing and their chronic and metabolic diseases. Efficacy of several medicines may be very different for the elderly group as they may be under the supervision of more than one doctor, change doctors and clinics frequently, may sometimes receive inadequate prescriptions, pharmacokinetic/pharmacodynamic changes may occur through ageing and medicines may interact with each other. Healthcare personnel and particularly doctors require more information about their elderly patients and should pay greater attention in order to ensure safe usage of medicines prescribed to them.

Actions to Be Taken

- a. Supporting comprehensive and poly-centered researches on the common diseases for elderly people and establishing national data bases in this respect,
- b. Underlining healthcare training on the common elderly diseases of Alzheimer, dementia, depression, delirium, incontinence, spinal cord injuries, collapses and fractures, upper respiratory system and urinary system infections, impotence, prostate problems, paralysis, walking and balance problems, senile osteoporosis, osteoarthritis, hypertension, coronary heart disease, cardiac failure, malnutrition, cancer, eyesight and earshot deficiencies and HIV/AIDS.
- c. Conducting training programs and campaigns to increase awareness of elderly people and the society at large; encouraging the government, local governments and volunteer organizations in this respect,
- d. Ensuring universal and equitable access for elderly people to primary healthcare, nursing and rehabilitation services and developing policies for the preparation of public health programs,
- e. Encouraging local organizations and non-governmental institutions to provide support for healthcare services offered to elderly people; supporting opening of geriatric clinics and rehabilitation centers,
- f. Including basic gerontology and geriatrics in the training curriculums of healthcare personnel and social service specialists; making in-service training regular and obligatory for healthcare personnel working with elderly people; conducting regular organizations for training nursing personnel and families,
- g. Conducting trainings for all healthcare personnel working with elderly people to start with medical and pharmaceutical students on the medical, economic and ethical dimension of the excessive usage of medicines by elderly people,
- h. Supervising medicine consumption without prescription; conducting public training programs on medicine-medicine and medicine-disease interactions,
- i. Developing “rationalistic medicine consumption” policies being conscious of the fact that elderly people constitute a risk group in terms of medicine consumption,
- j. Conducting researches in developing countries for finding new and affordable treatment methods for common diseases for elderly people, starting with the field of pharmacology; making the required arrangements to increase the commercial investments in this respect; encouraging and facilitating these investments at all levels; ensuring the participation of the World Health Organization to increase the cooperation in the healthcare researches area.

Goal 3: Ensuring Sustainability of Health Care and Nursing Services in Order to Meet the Needs of Elderly People

Current Situation

The rapid changes in our social structure during the recent years have increased elderly people’s needs for public support and professional services in addition to traditional support from the family and relatives. Thus, there has been an increase in the applications for nursing homes and rehabilitation centers for elderly people over 60 years of age.

In Turkey, elderly people with insufficient economic means, those with nobody legally obliged to look after them or having family legally obliged to look after them but do not have the required economic means are accepted to nursing homes free of charge and those elderly people who have the required economic means but suffer from social deprivation against payment.

Special care units were established at nursing homes to lodge elderly people whose care at home or with his/her family becomes difficult or those who are already lodged at nursing homes but who become bed-ridden or require nursing assistance due to physical or mental losses. Elderly people over 60 years of age, who do not suffer from contagious or malignant tumor involving diseases that require continued treatment and who are mentally and psychologically sound, are accepted to these units. Elderly people who become bedridden during their stay at nursing homes are transferred to these units with priority. These services are provided also by nursing homes that operate under real and legal persons. As of 2004, the number of nursing homes operated by associations and foundations are 28 and by real persons 57.

The demand for these services increase on account of the gradual acceptance of the notion of nursing homes or rest homes by our society, the improvements in the economic conditions of our country, the increase in the average life span and various difficulties encountered in home-based care for elderly people who require special care, but the available capacity fails to meet this demand.

The inadequate level of healthcare personnel who work with elderly people or employed in nursing homes causes significant difficulties in offering these services.

As the number of institutions providing care services for disabled adults is insufficient, a number of disabled people are accepted to nursing homes, as well. This further increases the already existent problem of capacity.

Besides all these, services are also required for those who are in need of home-based care and those who only need day-care.

Actions to Be Taken

- a. Developing and supervising regulatory mechanisms to determine the standards for adequate healthcare and nursing services and rehabilitation for elderly people; devising systems in this respect and forming of standards by relevant authorities,
- b. Ensuring active participation of elderly people in the detection of local problems, conducting the requirement determination efforts in this respect and implementing social development strategies,
- c. Ensuring the coordination of primary healthcare, long-term care, day-care and home-based care services with other social services, and improving these services,
- d. Developing home-based care and treatment services to maintain elderly people's private living quarters in terms of protecting their physical and mental health; devising policies related therewith and ensuring inter-institutional cooperation in this respect,

- e. Improving the integration of healthcare and nursing services, education and palliative treatment standards, and supporting multidisciplinary approaches to all palliative treatment service providers,
- f. Ensuring continuity in various fields of service for elderly people including prevention from diseases and improvement of health, primary healthcare services, emergency care, rehabilitation, psychosocial support, long-term care and palliative treatment with the purpose of meeting their various and ever changing requirements and ensuring flexible resource allocation; encouraging the relevant institutions and coordination in this respect,
- g. Developing special gerontology and geriatric services and ensuring their coordination with primary healthcare services.

Goal 4: Strengthening of Primary Health Care and Long Term Care Services for Elderly People and Ensuring Their Participation in the Development Process

Current Situation

The welfare status reached, the developments in medicine, the demographic changes caused by the decrease in births, the shrinkage of the family structure, the increase in the industrial and service sector employees, urbanization, preferential styles of dwellings, entrance of women to work life, weakening of traditional support mechanisms, democratization and the changes in work life brought about more serious focus on the fact of ageing and the problems arising there from.

Thus, a declaration was published for elderly people at the Vienna World Assembly on Ageing held in 1982. According to this declaration, the elderly individual:

- Should not be abused or considered as a physical commodity,
- Should have access to social, educational and cultural resources of the society,
- Should be provided the chance to develop his/her potential,
- Should have his/her fundamental freedoms and human rights wherever he/she lives,
- Should benefit from healthcare services in a facilitated manner,
- Should have an adequate income and live in a secure environment,
- Should benefit from services suiting his/her capacity and areas of interest and participate in labor force,
- Should play active roles in devising of policies about elderly people so as to be able to transfer his/her knowledge and experiences to younger generations.

The current regulations on ageing in Turkey are not at an adequate level so as to ensure an active and healthy life for elderly people. Integrated, systemized and entitling social services for raising the quality of life for elderly people living at their homes are not existent in our country. While the methodology of a social state is addressed in Turkey, the services and the supervision mechanisms that would perpetuate it have not been established yet. Though, it is required to rapidly review the policies aiming at the elderly population and new viewpoints or principles concerning these policies are needed to be developed on these policies.

The active roles of individuals, society, government, municipalities and non-governmental organizations as well as the elderly people themselves in the

organizations for elderly people and in the formation and implementation of the new healthcare policies for them is of utmost importance.

Actions to Be Taken

- a. Ensuring participation of elderly people in the planning, implementation and assessment of healthcare, social and rehabilitation programs and devising programs for increasing elderly people's productivity,
- b. Ensuring that healthcare personnel and social service specialists are always sensitive about elderly people making their own decisions concerning their healthcare and nursing,
- c. Training and encouraging elderly people on self-care and increasing their strengths and capabilities through the support from healthcare and social services,
- d. Taking into consideration the needs of elderly people when preparing healthcare policies, making current situation analyses and ensuring sustainability in this respect.

2.2.4. Elderly People and HIV/AIDS

Current Situation

In Turkey, the first AIDS case was identified in 1985. The total number of reported HIV positive and AIDS cases reached 1,325 during the period 1985-2001. This figure includes the 404 AIDS and 921 HIV-carrier cases officially reported. 67 mortalities due to AIDS-related causes were reported between 1985 and 2001. The majority of the HIV/AIDS cases officially reported accumulate in the 15-39 age group. This signifies that two thirds of the individuals in these cases had contacted the virus in their 20's. According to the Ministry of Health data, the total number of HIV positive children under 15 years of age in the period from 1985-2001 were 29. The total number of HIV positive children at the 15-19 age group during the same period was 37. The majority of HIV/AIDS cases were officially reported by the urban centers of the western Anatolia provinces of Istanbul, İzmir, Ankara, Antalya and Bursa. According to the Turkish Statistical Institution data for the period 1 October 1985 – 31 December 2002, 52 out of 1515 AIDS carriers were over 60 years of age.

Although the HIV and AIDS ratios in our country are not high for the moment, the issue must be taken into consideration as a serious threat for the future. While individuals have general information on HIV/AIDS, their knowledge on infection, contagion means and processes are still inadequate and even incorrect. Therefore, increasing awareness levels of individuals through public education programs aiming at preventing all sexually transmitted diseases including HIV/AIDS should be prioritized.

In the context of AIDS/HIV, the National AIDS Commission was established in 1996 through the coordination of the Ministry of Health. The principal aim of the Commission is to extend the scope of the struggle against HIV/AIDS. In 1996, national objectives and strategies were set and a Plan of Action was prepared comprising of the topics of prevention, diagnosis-treatment and social support, information dissemination and research through the contributions of 30 national

stakeholders including public institutions, academies and non-governmental organizations.

Actions to Be Taken

In line with the Plan of Action on AIDS/HIV of the National AIDS Commission, it was not deemed necessary to devise a separate plan of action on AIDS/HIV within the scope of the International Plan of Action on Ageing, as relevant organizations pursue their activities so as to encompass all population groups in a cooperative manner.

2.2.5. Training of Health Care Providers and Health Care Personnel

Goal 1: Providing Information and Training Opportunities to Health Care Personnel and Other Health Care Providers that Serve Elderly People

Current Situation

The number of trained personnel that provide healthcare service to elderly people is quite inadequate. In our country, geriatrics started to develop in the 90's and it is gaining an increasing importance ever since, through the changes in the demographic pyramid during the recent years. The number of individuals engaged in gerontology and their organization were rather limited, although also this science started to improve during the recent years. Hacettepe, Ankara, GATA, Cerrahpaşa and Çapa Medical Schools include geriatric departments. Besides geriatrists, gerontology nurses, physiotherapists, occupational therapists, dieticians, psychologists, social services specialists, first degree healthcare general practitioners, family physicians and other specialists pursue their efforts in this field within the framework of their special areas of interest. Such efforts involve small groups and inadequate in terms of number, as of yet. In 2003, the International Association for Physical Therapists Working with Older People (IPTOP) established, with Turkey being one of the founder members, and this association conducts worldwide undertakings to spread geriatric rehabilitation and develop healthcare policies aiming at elderly people. According to the reports of the Association, while the overall number of the active member physiotherapists of the Association who work in the field of geriatric rehabilitation is 8050 in the world, the figure for Turkey is only 30.

According to the Social Services and Child Protection Association's 2004 records, 59 social service specialists, 12 doctors, 2 dentists, 15 psychologists, 11 physiotherapists, 12 dieticians, 63 nurses and 233 attendants work in the public nursing houses in Turkey.

Elderly people who live alone, those with disabilities or illnesses require the service of attendants. Offering of this service by unqualified people constitutes an abuse on economic, social and health-related terms. Developed countries have overcome this problem considerably through educated attendants. In 1998, a pilot undertaking has been initiated in our country through the elderly attendant training project with the cooperation of the Ministry of National Education, SHÇEK, National Education Health Education Foundation and Turkish-German Health Foundation, which was completed in 2002. Currently, a formal vocational and technical education program of 3200 hours in some schools operating under the Ministry of National Education

General Directorate of Technical Education for Girls and an extensive vocational and technical training certificate program of a minimum of 351 hours are under way. In addition, certain universities and non-governmental organizations organize certificate programs to training intermediary manpower.

Actions to Be Taken

- a. Extending geriatrics and gerontology specialization to all universities and public hospitals as a unit under the Internal Diseases Department in a multidisciplinary manner and increasing the number of geriatrists,
- b. Initiating and developing education programs for the healthcare personnel, social service specialists and other attendants who serve elderly people, including gerontology and geriatrics; ensuring sustainability of such education and supporting the projects in this field,
- c. Making special training on elderly people obligatory and continuous for the personnel who work for the institutions that serve elderly people (special care, rehabilitation, etc.) and establishing obligatory minimum adequate numbers for geriatrists, doctors, nurses, physiotherapist, psychologists, social service specialists, dieticians and attendants to work at such institutions,
- d. Conducting regular trainings with an integrated approach encompassing the psychological and social aspects of old-age and caring for elderly people to families and relatives of elderly people and people who work with elderly people other than professionals,
- e. Providing psychological and social support programs for people who work with elderly people,
- f. Informing elderly people of the problems concerning and caring for elderly people.

2.2.6. Mental Health Care Needs of Elderly People

Current Situation

While there is no comprehensive study on determining the mental health of individuals over 65 years of age in Turkey, it seems that this age group suffers frequently from mental health problems peculiar to their age group such as dementia. In this age group, those who are alone suffer frequently from emotions of loneliness and desolation, which constitutes a factor per se which affects the quality of life for these people.

Goal 1: Development of Various and Multipurpose Mental Health Care Services to Include Protection, Early Diagnosis and Treatment; Resolving Mental Health Problems of Elderly People and Treatment Services

Actions to Be Taken

- a. Implementing national and local planned strategies aiming at improving prevention from mental health problems, early diagnosis and treatment including diagnostic methods, suitable meditation, psychotherapy and training for individuals who work with elderly people such as healthcare personnel and family and relatives,

- b. Developing effective strategies to increase early diagnosis possibilities of Alzheimer, elderly depression and similar problems; training patients, healthcare personnel and care providers; conducting and encouraging multidisciplinary research in this field,
- c. Devising programs that would enable elderly individuals with mental illnesses and Alzheimer to live at their homes as much as possible and assist them to meet their healthcare needs by themselves; improving home-based care services and volunteer services,
- d. Developing self-care programs and ensuring regular temporary care services for patients, families and other care providers,
- e. Developing treatment and rehabilitation programs catering the physical, social and psychological needs of patients who are newly discharged from the hospital to help them re-adapt to the society,
- f. Ensuring sustainability of healthcare and nursing services in the society so as to prevent unnecessary and long-term lodging at medical institutions; diversifying care providing institutions to include elderly crèches, intermediary care units, day-care geriatric clinics or polyclinic rehabilitation units, thereby providing services and facilities to ensure a secure environment of care; opening consultancy and solidarity centers for elderly people and ensuring their coordination with home-based care centers,
- g. Informing the society on the symptoms, treatment, consequences and prognosis of mental illnesses,
- h. Developing programs for healthcare or care provider institutions that cater physical health and mental health of elderly people simultaneously and providing mental healthcare services for elderly people who are subject to long-term treatment,
- i. Training healthcare personnel regularly on early diagnosis and treatment of all mental disorders, with first and foremost the common mental illnesses,
- j. Supporting and encouraging non-governmental organizations in the field of mental illnesses, elderly dementia and similar illnesses.

2.2.7 Elderly People and Disability

Goal 1: Lifelong Sustainability of Functional Capabilities at Optimum Level and Ensuring Full Participation of Disabled Elderly People

Current Situation

According to the Research on Disabled People in Turkey held by the Prime Ministry Administration for Disabled People and Turkish Statistical Institution in 2002, individuals over 65 years of age represent 18.87 per cent of the overall disabled population. Of disabled individuals over 65 years of age, 5.28 per cent has orthopedic disabilities, 22.60 visual disabilities and 31.15 hearing disabilities.

Exercising for healthcare purposes is a practice the individual should perform regularly. Regular exercise and physical activity is very important for elderly people, in terms of developing their skills and activities. Studies in this field indicate that exercise does not induce to any risks. According to World Health Organization Prevention and Control Centers, increased physical activity helps extending the healthy life span and improving the quality of life. Physical activity is an approach

that is central for improving health. An inadequate or poor physical condition is a risk factor in terms of preservation of health for elderly people. Prevention of problems resulting from inactivity, increasing the activity level and independence, treatment of primary and secondary disability are very important for ensuring full participation of the elderly people in the society. Therefore, efforts at helping elderly people gain the habit of physical activity and exercise in societies should be supported. Several disorders that appear in elderly years arise as a result of preventable external factors, such as smoking, alcohol, dietary habits and inactivity.

Effects of biological ageing that adversely influence the quality of life for elderly people and bear consequences that often cause serious disabilities on account of chronic diseases and psychosocial problems can be analyzed under three headings:

- a. Physical disabilities: Muscle weakness, joint problems, disabilities arising as a result of motor control problems, which limit activity and daily life.
- b. Sensory disabilities: Conditions of failure in perceiving a portion of the environment on account of sensory problems such as visual and hearing disabilities.
- c. Perceptual disabilities: Conditions of mental disability on social, psychological and physical terms.

Elderly people may suffer simultaneously from more than one or all three of these disabilities at varying levels.

Musculoskeletal system disabilities that develop through ageing decrease the quality of life. Physical disabilities common in elderly people arise due to osteoarthritis, soft tissue variations, conditional insufficiency and other chronic diseases. Smoking, variations in the body mass index, inactivity at middle age and old age laid the groundwork for disability in elderly people. People with proper healthcare habits live a longer life and avoid disability as much as possible.

60 per cent of mortal accidents involving falling down occur at home, 30 per cent at public places and 10 per cent at healthcare facilities, institutions, etc. Among all fractures resulting from falls, hip fractures cause the highest level of mortality or serious health problems. Elderly people of 85 years of age bear a 10-15 times higher risk for hip fractures compared to the 60-65 age group.

The factors causing elderly people to fall down are as follows:

A) Factors deriving from the individual:

- Balance and gait problems,
- Neurological and musculoskeletal system deficiencies,
- Psychoactive medicine consumption,
- Dementia,
- Vision problems.

B) Environmental factors:

- Slippery floor,
- Uneven ground,
- Insufficient lumination,
- Instable furniture,
- Objects lying on the floor.

As such, with the purpose of increasing independent activities of elderly people, certain standards related to the architectural structure have to be taken into consideration. There are problems concerning architectural standards in our country.

Actions to Be Taken

- a. Setting the standards that determine the physical activity level and the level of functional losses arising in relation to ageing and inactivity and encouraging clinic and field work related therewith,
- b. Bringing issues related to elderly people and disability on the agenda of the relevant national policy and program coordinating institutions,
- c. Developing national and local policies, regulations, plans and programs on disabilities, prevention from disabilities and treatment methods sensitive to the issues of gender and age, taking into consideration social, environmental and health-related factors,
- d. Providing physical and mental rehabilitation services to elderly people with disabilities,
- e. Developing community-based information program to provide training on the causes of disabilities, life-long prevention, treatment methods and living with disabilities,
- f. Developing standards and surroundings that would prevent the formation of or deterioration of disabilities,
- g. Developing and following standards in all living spaces with the purpose of increasing the independence of elderly people; ensuring elderly people to benefit from social services as much as other members of the society,
- h. Developing policies to provide rehabilitation, adequate nursing services and auxiliary technologies to elderly people with disabilities with the purpose of meeting their needs for services, support and full participation in the society; ensuring access to these services and technology; ensuring access of the society to medicine and medical and rehabilitation technologies without discrimination, and that these services are affordable,
- i. Supporting and facilitation efforts of elderly people with disabilities and care providers to establish self-assistance organizations; supporting and encouraging non-governmental organizations in this respect,
- j. Supporting, encouraging and taking under assurance elderly people with disabilities to work at income generating or volunteer jobs as long as their productivity is maintained; developing national policies in this context,
- k. Supporting elderly people with care provider roles on economic, social and psychological terms and ensuring improvement of their physical health.

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2.3. PROVISION OF A SUPPORTIVE ENVIRONMENT WITH ADEQUATE FACILITIES

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INTRODUCTION

The elderly population increases in our country, just as in the whole world. While previously the idea that elderly people should continue their lives at private nursing homes prevailed, currently the dominant approach is that elderly people should rather stay at environments they are used to but under more facilitated conditions catered for the individual. Both in the west and in our country, the best solution is considered as for elderly people to live at their homes. While in developed countries ageing is acknowledged as one of the most important social problems, it is not regarded as a problem in our country as of yet. There are considerable differences in the solutions and practices concerning the issue between the developing and the developed countries. As the development level increases, the awareness that improvement for disabled/elderly people actually means improvement for the society as a whole, and significant advancements were realized in this respect.

The goal for the elderly population which usually suffers from a number of problems is to maintain their functional conditions and quality of life at the highest level and provide supportive environments, handling medical, psychological, social, environmental, familial and economic problems as a whole with all dimensions.

2.3.1. Current Situation and Problems

Currently, the nuclear family rather than the traditionally large family is prevalent and the status of the elderly individual within the family degraded. Thus, the “Institutional Care Model” replaced family support for elderly people who have hard time sustaining their lives by themselves. Within the framework of the “Institutional Care Model”, nursing homes were established to take care of elderly people, lodge them and meet their primary needs (eating, taking medicine, etc.) promptly. Today, the diversity and the quality of the services offered by nursing homes increased in line with the technological and managerial developments. Nevertheless, nursing homes are environments that regularly remind elderly people their ageing, social isolation and the approaching end. Models are recommended as an alternative to the institutional care model that would preserve the honor and respect of elderly people, prevent their isolation from the society and ensure that they receive the services they are in need of at the environments they live in. It was determined that elderly people who have the adequate social support in the environments they live in feel less lonely, adopt more positive attitudes towards ageing and have a higher level of satisfaction for life. The services offered to elderly people by the state involve accepting them to the nursing homes it establishes and caring for them until they die. The private sector, on the other hand, offers services both through establishing nursing homes and providing nursing staff to those who live at their own homes or with their families. Especially women who worry about ageing and believe that they won’t be able to care for themselves when they get old consider living at institutions particularly designed for elderly people more positively, compared to men who count on women in this regard.

Currently, elderly people undergo a more active, healthy and independent process of ageing compared to the past. As the number of elderly people in the society and life expectancy increases, the prospect of abuse, negligence and violence against elderly people also increases. Meanwhile, abuse and negligence of elderly people remains as

a disguised problem and may be perceived as normal by the society. Although abuse, negligence and violence against elderly people are a common problem in the world at large, it does not receive enough attention. Particularly, elder abuse and negligence taken up under the heading of “domestic violence” is of a dimension that exceeds the limits of domestic violence. Abuse and negligence against elderly people may be prevalent in all environments involving elderly people besides their domestic environments. The current policies and programs concerning ageing focus on increasing the quality of life and general health rather than increasing life expectancy. The goal is a successful and independent ageing process. Successful ageing is a concept that points at a complete state of wellbeing on both psychological and social terms rather than being merely about health. A long life, biological and mental health, cognitive adequacy, social adequacy and productivity, self-control and enjoyment of life are the most basic indicators of successful ageing. Successful ageing of individuals is not only related to personal characteristics but also closely connected with the psychosocial, economic and physiological support services to be offered. The requirement to review the prevalent concept of ageing and the current policies related therewith has now arisen in our country, as well as all other countries in the world. The outlook on ageing involves integration with the society, regaining of the vanished statuses and roles, increasing of functions and effective spending of the leisure time, besides providing care for the elderly people.

2.3.2. Dwellings and Living Places

Goal 1: Encouraging Individuals to “Aging in Their Own Environments” within the Society, Also Taking into Consideration Their Personal Preferences

Current Situation

The Situation in the World

Considered as a whole, the social welfare services in the European Union countries are rather referred to as “social protection” and offered through the approach of a “Single Europe” in line with the Maastricht Agreement that was enacted in 1992. This approach places importance on “physical improvement of dwellings”, “increasing living standards and “social protection”. The social policies for elderly people are taken up and emphasized within all this social protection setting, in parallel to the demographic, social and cultural changes of societies.

In all of the European Union countries, the common outlook is to move away from institutional care in elder services. The classical nursing home service is being abandoned as new policies are developed in terms of central management. While 5 per cent of the population over 65 years of age in Germany benefit from institutional services, 9 per cent live with their children. German laws oblige relatives of elderly people to be responsible for their care, thereby supporting home-based care.

The policies aiming at elderly people in the Netherlands focus on the age group over 55 years of age and relevant services are taken up in two categories as primary and secondary.

Within the scope of primary services, treatment, nursing and accompaniment services are offered to elderly people, as well as those involving therapy, activation, medical treatment and information on healthcare related issues. In the framework of these services, elderly people who fail to take care of their household chores on account of illness, disability or some other factor are also supported. The secondary services, on the other hand, correspond to the institutional care model in our country.

Presently, ageing has come to be perceived as a positive event in the Netherlands, the number of nursing homes is decreasing and elderly people are supported so as to remain in their own environments as much as possible.

The contributions of elderly people in the social life are being debated. Also in France, home-based care and other required services are offered for elderly people at 95 per cent. In the United Kingdom, despite all the transformation the society underwent, the influence of the family in caring for the elderly individual is too much. In Denmark, more than half of the elderly people live alone. When we look at the countries in the south, the family institution preserves its significance in Spain and only 2 per cent of elderly people benefit from institutional care. Italy also has similar circumstances.

In the US, the fact that the elderly population was low on numeric terms at the start of the twentieth century decreased the interest toward elderly problems and policies related therewith were taken up on limited terms by the government. The social security law enacted in 1935 in the U.S. subsequent to the world crisis in the 1930's, led the government's policy on ageing. Increasing of social security for families in 1939 and the early retirement law that was enacted in 1956 are significant as far as ageing policies are concerned. Nevertheless, the social service programs were legitimated only in 1965 with the "Older Americans Act". The most important service provided within the scope of this law has been the elderly centers. The current number of these centers is over ten thousand. Upper and middle class elderly people benefit from these services at a higher percentage and elderly women and minorities represent the sectors that are said to not benefit there from at a proper level.

The Situation in Turkey

The elderly population is increasing in our country as in the whole world. As a result of industrialization, transformation from a patriarchal family to a nuclear family, migration from rural areas to urban areas and the changes in the traditional culture and values caused the elderly individual to lose its previous role and prestige in the house and, in the end, home-based care for the elderly individual is encountered as a major problem.

While previously the idea of elderly people being lodged at private nursing homes prevailed, currently the service approach defending that the elderly people should be cared for in the environment they are used to rather than at institutions, but under facilitated conditions catered for them is dominant. Therefore, providing rehabilitation and nursing services for home-based care of elderly people rather than proliferating nursing homes comes to the foreground.

In our country, just like in other countries where family relations are emphasized, caring for elderly people is considered as the responsibility of the families. Nevertheless, there is a rapid social transformation process in our country as a result of urbanization and industrialization. As a consequence of this transformation, caring for elderly people becomes difficult in our metropolitan cities. Problems arise concerning the nursing of the elderly individual as both the man and the woman in the family works outside and the family resides in an apartment with two or three bedrooms usually. It would be necessary to analyze the circumstances of elderly people and the changes that occur in time in order to devise more adequate accommodation and living quarters for elderly people.

In the “Turkish National Declaration on the Elderly Citizens” drafted in the 80th anniversary of the Republic by the Metropolitan Municipality of Ankara, in cooperation with various institutions and organizations, the following expression were included under “accommodation” heading in terms of defining the rights and responsibilities of elderly people:

1. Elderly people should attain the required physical environment for being as independent as possible.
2. Elderly people should possess a dwelling flexible enough to make refurbishments according to the health conditions when required.
3. Elderly people should have the opportunity to live in a secure environment at their dwellings or elsewhere. This means that the state should arrange a proper environment for elderly people by making use of technological facilities and taking other measures.
4. Elderly people should be able to live at a dwelling that enables an appropriate quality and level of care and service.

Findings concerning the household and its composition in our country indicate that elderly people do not often live in a large family environment. Nevertheless, even our elderly people living in metropolises have closer relationships within larger social networks and even attempt at warming up these relations further compared to elderly people in other countries. For example, there is a strong cultural difference in terms of the wish for being next-door neighbors with their children and family.

An important point to pay attention to is to allow elderly people to determine their life styles themselves, because elderly people are not a homogeneous group and differ considerably as such. For example, according to the results of various surveys, elderly people prefer to live in their own houses independently and remain in the environment they are used to, but at the same time live close to their children.

Both in the west and in our country, living in their own houses seems to be the best solution for elderly people. However, there are no examples of special dwellings for elderly people in Turkey; except for the complex “Ataburgaz Yaşam Kent” designed as an “Elderly Village”, there are no accommodations designed for elderly people in the house estate areas and city centers in overall Turkey. Plus, it would not be possible to meet the expenses of dwellings for a large group of elderly people in our country, taking into consideration the pensions they receive. Thus, elderly people who do not have the means to cover the expenses of their houses and their daily activities such as shopping and cleaning and whose lives become difficult as their houses are not designed in a way to suit their needs, live in public nursing homes. On

the other hand, majority of residences are built to cater a standard family of four members, as a result of which elderly people encounter a discrepancy between what is built and their requirements. All these factors make it difficult for elderly people to live by themselves.

Taking into consideration the tendency to increase in the elderly population and increasing of the average life span to over 69, it was emphasized that the services previously offered mainly through nursing homes had become diversified and that the number of institutions such as Solidarity Centers for Elderly People established by the Social Services and Child Protection needs to be increased.

It was foreseen that the number of institutions such as nursing homes and smaller scaled elderly homes in big cities such as especially Ankara, Istanbul and İzmir should be increased with the purpose of proliferating “home-based” care services so as to support elderly people in their own living environments.

Other services required in terms of supporting elderly people in their own environments are establishing an adequate number of fully equipped nursing and rehabilitation centers for elderly people who require special care and “elderly clubs” which would be functional in increasing the life forces of elderly people through maintaining their social and cultural activities. In addition, recommendations for implementing training programs aiming at preparing elderly people to old-age and retirement are also emphasized.

As elderly people will constitute the majority of our population in the future, various issues concerning daily life and physical environment such as sustenance and accommodation come to the foreground in our country.

These problems mainly are as follows:

- Transformation into a nuclear family,
- Migration from rural to urban,
- Economic conditions becoming severe,
- Unplanned and unhealthy expansion of provinces,
- Increase in the average life span.

While in developed countries ageing is considered as a major social problem, it is still not perceived as a problem in our country. The major reasons for this may be cited as follows:

- Prevalence of close familial relationships in the Turkish culture,
- Families supporting their children,
- Children feeling obliged to care for their parents when they get old.

Majority of the Turkish population lives in provinces and nearly half of the population living in provinces is settled within the borders of the three biggest metropolises. Numerical data indicate that 70 per cent of the population in Ankara, 50 per cent in Istanbul and 35 per cent in İzmir live in slum houses. Accessibility to dwellings becoming difficult over time, insufficient number of dwellings for rent and expensive level of housing rental fees in Turkey, have made slum housing the new accommodation area of pensioner retired elderly people. Currently, as increased number of elderly population and especially very old people and disabled people are

not taken into consideration, available dwellings fail to meet requirements in terms of design, purchasing/rental costs or overhead expenses. As a result, majority of elderly people are condemned to living in unfavorable conditions.

Among the reasons for staying at nursing homes at old-age, economic problems, difficulties in living with the family, relatives becoming sick or dying, neediness, psychological disorders and failure to overcome problems of daily life may be cited. Nevertheless, staying at nursing homes may also bear problems for elderly people and, as such, should not be considered as an only resort.

Actions to Be Taken

- a. Including the duty of meeting the service needs of elderly people without detaching them from the environment they are used to and offering a secure life for elderly people who are deprived of the support of their families within the policy of the state and ensuring that public institutions with specialized staff (Ministry of Health, Ministry of National Education, Universities, Municipalities, etc.) assume these roles,
- b. Ensuring that the independent living units to be planned for elderly people take into consideration the dependence needs of elderly individuals; offering elderly people various choices for alternative dwelling and accommodation facilities and letting them choose the most suitable one for them from among them. The choices should involve independent houses and apartments offering a minimum level of support services in appropriate social environments based on the principle of mutual dependence, as well as accommodations or nursing homes offering a higher level of services, operated in a manner taking into consideration the dignity of elderly people, their privacy, control, companionship and development rights.
- c. Encouraging efforts of a number of sectors with the purpose of ensuring that all age groups live together within the society and supporting of elderly people to live with their families,
- d. Considering the dwellings to be planned for elderly people as a whole encompassing also social and cultural dimensions so as to improve the overall quality of life, beyond merely providing a physical shelter,
- e. Increasing legal arrangements concerning elderly people's housing policy and devising a realistic housing policy capable of putting legal arrangements into action, taking into account international as well as national norms,
- f. Reviewing of housing policies so as to enable facilitation of living conditions of elderly people ensuring that they benefit from social facilities to the utmost extent without being isolated from life; considering social policies and the notion of local government within the framework of the principle of being a social state; and reinforcing infrastructural investments such as transportation, sanitation and security,
- g. Offering home-based services aiming at helping elderly people take care of themselves and be self-sufficient,
- h. Reorganizing living conditions of elderly people and making connections between social support services and affordable accommodations with the purpose of reorganizing living conditions of elderly people and ensuring that they are able to benefit from long-term care services,

- i. Defining secure living quarters for elderly individuals, comparing the structure of the accommodation and its environment with the capabilities and requirements of the user and ensuring and facilitating access of elderly people to public buildings and areas,
- j. Conducting surveys on the expectations concerning accommodation and immediate surroundings of elderly people of different ages, genders and income levels, with the purpose of lighting the way for the formation of accommodation and environment policies aiming at elderly people,
- k. Implementing “accommodation allocation plans” with the purpose of providing home-based care services for elderly people to the most possible extent so as to prevent them from being alone on account of transportation and timing problems in urban centers; minimizing structures such as staircases and elevators and allowing elderly people to be lodged on the ground floor enabling entrance and exit with the wheelchair; ensuring local governments be able to provide credit facilities for young families who wish to live in same apartment building or the nearest site to their parents or prioritizing them in the rental apartment allocations.

Goal 2: Developing Dwellings and Environmental Concepts in order to Promote Living Independently Taking into Consideration the Needs of Elderly People and Particularly Disabled Ones

Current Situation

Inhabitability is about the spatial qualities and characteristics of accommodations that make direct contributions to the satisfaction individuals feel about living in a certain dwelling and, to their personal and social wellbeing and happiness. Accommodations should be designed, developed, managed, preserved and improved so as to meet all requirements and wishes of every child, woman and man in terms of inhabitability. When basic requirements in terms of physical requirements are considered, the living quarters should at least involve a surrounding with “healthy living conditions”.

The human being has to overcome the inadaptability and physical incapability that occur with ageing so as to sustain his/her living. As such, provision and design of accommodations that would increase elderly people’s quality of life ensure them to make the most out of their own capabilities and capacities. The accommodation and its surroundings must be arranged according to elderly people enabling cater the needs of elderly people so that that they can live self-sufficiently and independently for as long a time as possible. In fact, accommodations not arranged according to elderly people rather than ageing itself decreases elderly people’s capabilities to live by themselves.

The harmony between the elderly individual and the environment is made up of two factors. The first one is the personal capabilities of the person and the other one is the characteristics of the environment. Designing accommodations not taking into consideration the personal capabilities and requirements of elderly people is terribly wrong. When designing a home, the environment should be arranged according to the person – the person should not be obliged to adapt to it. Supportive designs for elderly people aim at creating an accommodation and environment that would serve the elderly individual in every way in offering them the opportunity to act

comfortably and by themselves inside it, taking into consideration the elderly person's inabilities and requirements, so as to achieve more than a mere physical design.

As elderly people are more dependent upon the facilities and services in their immediate surroundings, the arrangements and services offered in the immediate surroundings are equally effective in terms of their wellbeing as the interior arrangement of the accommodation. Thus, availability of facilities, services and private and public areas where elderly people can spend their leisure times at play an important role on their satisfaction levels concerning the accommodation.

With very simple measures to be taken in accommodation planning within the framework of a universal understanding of design and, with expenditures easily definable as marginal, our cities may be much more comfortable and humane, our buildings more open to disabled people and similar groups, not allowing any chance for accidents, our living quarters, kitchens, bathrooms more functional, safe and easy. Likewise, product designers that adopt a broader universal approach and design safer, handy and attractive commodities, materials and tools would enable our daily lives to be easier and more cheerful.

Minimum condition in universal design involve the following: an even floor free from level differences, wider space for doors, ground floor encompassing a bedroom and a full-fledged bathroom, elevator access at multi-storey buildings, no level differences or stairs at the entrance to the apartment building or else availability of a ramp or an elevator. Design flexibility should permit carrying out kitchen and bathroom activities while being seated and there should be ample space employable by two persons (for example, the parent and the child or the disabled person and the attendant). The fixtures and sanitary installations in the house should permit usage by one hand only by children, adults carrying something with the other hand, elderly people with degenerative joint variations on their hand or disabled people with hand movement limitations, without requiring complicated movements and physical strength. Majority of dwellers carry out refurbishments in their living quarters, but these changes may later impede the employment of the dwelling by other people.

A healthy city must be able to meet the requirements of all inhabitants concerning participation in the urban life and benefiting from the activities offered. The design should take into consideration all requirements of all people deriving from diverse variables. When the design is implemented, if a city functions in an unhealthy manner, it means it some of the diversities/variables are reversed. In other words, physical environments designed by taking into consideration the requirements of only healthy people, neglecting those of disabled/elderly people fail to constitute healthy urban sectors. When considered from the perspective of the human being/individual, being healthy involves freedom of choice, expressing one's creativity and acting accordingly. As such, the living space should not be arranged so as to hinder the actions of individuals.

It is observed that there aren't major differences in the solutions and practices concerning the approach to this issue in developed and developing countries. The awareness that improvement for elderly people in fact are improvements for the whole society increased as the level of development increased, and significant improvements were realized in this respect.

In several countries of the world, there are design guides for designing physical environments free from obstructions.

In our country, and especially in urban centers, accessibility by means of walking, wheelchair and public transportation vehicles, and even private transportation is obstructed both through physical and administrative restrictions. Thus, definitions such as “integrative”, “identical” and “blending” frequently referred to can not go beyond merely being definitions.

Presently, the arrangements aiming at disabled/elderly people are limited to facilities (ramps, toilets, etc.) built inside interiors of public buildings to be built, allocation of special parking spaces in public areas, and a few easing measures offered in public transportation, with majority of these practices being detached from one another. Certain municipalities initiated efforts and formed advisory units, and various design proposals were included in building development regulations in this respect. However, as these municipalities do not have publications displaying these efforts, services offered are not publicized. Also, due to reasons such as lack of communication between the county municipalities within the metropolitan municipalities, the practices are isolated from each other and marked by interruptions.

The Ministry of Public Works and Settlement made the arrangements deemed necessary for making the physical environment accessible and inhabitable for disabled people in certain regulations within the scope of building development legislation, in accordance with Decree Law No. 572 and sanctioned them. Within the framework of these arrangements, mainly the obligation to conform to the standards aimed at disabled/elderly people by the Turkish Standards Institution was brought about, the criteria enabling accessibility and inhabitability at all indoor or outdoor sites were determined and, legal obligations were introduced to municipalities in this respect.

The Turkish Standards Institution set up design rules for facilities for inner city roads and railway transportation systems, and prepared standards for structural measures and road markings for streets, avenues, public squares and highways, aiming at disabled and elderly people.

In certain housing system practices designed by Prime Ministry Mass Housing Administration (Ankara Eryaman, Istanbul Halkalı, Samsun Kurupelit and Kars), a fraction of the dwellings were designed in a way accessible by disabled/elderly people.

Within the scope of various activities and seminars organized by non-governmental organizations and various institutions, issues concerning the layout of the physical environment are debated and solutions are generated for problems identified.

It is very important to make ergonomic environmental arrangements in order to ensure elderly people’s adaptation to the physical environment. In the buildings in our country, the major difficulty we encounter in kitchens and bathrooms arises from limited space and sometimes from the configuration of the bathtub, sink, water closet and the counters.

Financial problems arise as another obstacle in reaching a solution for the adaptation of the environment and equipments. Making arrangements for disabled people in buildings require sizeable costs, very difficult to cover.

The architectural obstacles encountered by elderly people affect them also psychosocially. For elderly people, the initial shock at the start of the disease or upon the injury is followed most of time by the reactions of anxiety, anger, denial and reflection. Acceptance of the situation and psychological adaptation to it increases through encouragement and awareness that he/she still may be independent thanks to new methods and tools despite what has been lost. The gains in the hospital conditions and the interest shown by the professionals around him/her help the elderly individual hang onto to life. Nevertheless, when the elderly individual is discharged of the hospital and is encountered with real life conditions, isolation and depression become inevitable for most.

The movements of the elderly people walking with crutches in the hospital corridors become restricted due to the stairs in the entrance of the house and narrow doors and doorsills. The elderly individual who had learnt how to step onto the bed from the wheel chair in the hospital becomes unable to employ the same method at home due to the dimensions and configuration of the furniture in the house. Once the elderly person is discharged of the hospital, rehabilitation should continue through home-based rehabilitation programs aiming at household and environmental arrangements, with the purpose of ensuring that the patient overcomes the problems in the daily life and obstacles that limit independent movements are minimized.

Actions to Be Taken

- a. Emphasizing the rehabilitation services offered to elderly people through encouragement of rehabilitation services as well as the employment of technologies designed for supporting independent living for elderly people,
- b. Ensuring coordinated efforts of the rehabilitation team through a multidisciplinary approach and employment of vocational capabilities exclusively for elderly people with the purpose of being successful in their treatment,
- c. Providing lifelong geriatric rehabilitation approaches for increasing independence and quality of life and decreasing morbidity for elderly people, and supporting them with preventive health programs,
- d. Developing and integrating Community-Based Rehabilitation efforts into Primary Health Care services with an end to achieving the targets aiming at the continuation of optimal health and proliferation of the rehabilitation services offered to elderly people, with regard to Primary Health Care which is the most important of the preventive healthcare services implemented to improve health among the policies of countries,
- e. Coordinating the services offered to elderly people which may be listed as medical care, physiotherapy and rehabilitation, occupational therapy, nursing, speech therapy, social services, home-based services, dietary consultancy, psychological consultancy, medical supplies, apparatus rental and medicine supply, and detailed analysis of the current situation,
- f. Taking into consideration short-term and long-term objectives in the organization of geriatric rehabilitation services offered to elderly people,

Short-term objectives involve the following:

- Provision of services capable of meeting the demands of elderly people,
- Increasing the number of qualified staff,
- Conducting environmental arrangements,
- Employment of functional/practical capabilities of elderly people,
- Implementation of the required treatment according to the needs determined upon the assessments held,
- Multidisciplinary and interdisciplinary approaches,
- Training of elderly people and their families,

Long-term objectives involve the following:

- Increasing the quality of life,
- Targeting healthy life span with priority, planning of Independent Life Programs involving increasing of functionality and arrangement of the physical environment.
- g. Teaching the elderly individual the appropriate transfers and movement methods suiting his/her current potential to increase independence in daily activities of living,
- h. Redesigning the environment suiting the functional independence level of the elderly people; including features involving door width, opening modes, even flooring, banisters, sufficient maneuver space in toilets and rooms in the design as they would be appropriate both for healthy and disabled people, and subsequently making the required rearrangements involving the sizes, features and configuration of the bathtub, sinks, kitchen cabinets, shelves and handles, as they would vary from person to person,
- i. Adopting the approach of spreading out homes adaptable to the requirements of elderly people rather than those arranged for elderly people just like in the developed countries,
- j. Emphasizing the knowledge of standard measurements, analyzing the factors that would influence these measurements and new adaptations and taking them into consideration,
- k. Assessing the relationship between physical functionality level, independent movement and transfer methods, costs, psychosocial and cultural features and activities required by life style,
- l. Building small scale, easily accessible dwellings enabling facilitated functionality and preventing isolation from the society and organizing the surroundings so as to provide support services and social activities for elderly people,
- m. Taking universal design principles as basis for the planning of these dwellings,
- n. Solving accommodation related problems of elderly people and generating alternative solutions suiting their socioeconomic standings,
- o. Ensuring that elderly people live a self-sufficient and happy life, integrated with the society, through adaptations to be realized with multidisciplinary approach within the framework of city planning, upon conducting the appropriate ergonomic arrangements in dwellings (doorsill and corridor widths, stairs, elevator doors, etc.).

Goal 3: Existence and Improvement of Accessible Public Transportation Systems Affordable by Elderly People

Current Situation

Transportation is directly related to employability of various services and facilities. When an adequate level of transportation is not provided, elderly people's surroundings become restricted and they are abandoned to isolation at their own houses or environments. Deprivation of elderly people of transportation is the most important factor that impedes their employment of urban services.

Transportation causes the healthcare, recreational and other services to be more serviceable by providing the opportunity to make use of the environment at a better and more functional level. It ensures more facilitated access to the required and desired services and facilitates the social relations with family, friends and neighbors. As such, it plays a major role in determining the life style of the elderly individual. Research held in this respect points out that approximately one thirds of elderly people cite transportation problems as their most important problem in daily life. Most of time, insufficient economical means, health level and transportation hinder the desired way of living. Also, the inadequate level of information available on transportation related habits and problems of elderly people arise as a major problem in this context.

Actions to Be Taken

- a. Finding permanent solutions to transportation related problems of elderly people in order to ensure that they benefit from social facilities,
- b. Local governments providing assistance in raising the level of quality of life and social harmony for elderly people by generating effective solutions to their problems in these respects,
- c. Planning the relevant standards as follows so as to generate permanent solutions in the field of transportation.

Parking lots

Ensuring that parking lots are as close to the building entrance as possible so that elderly people may enter and exit vehicles easily (maximum 25 m, preferably 10 m), providing ample open space in the parking lot, allocating parking spaces for the vehicles that carry elderly people and indicating such parking spaces with internationally acknowledged symbols, making parking lots covered if possible, illuminating the area between the parking lot and the building and also the building entrance at an adequate level.

Pedestrian lanes

Ensuring that elderly people are able to move around freely and without any obstructions; paying attention to widths, maneuvering spaces, even floors and orientation-warning signs.

Width of pedestrian lanes

As the minimum width of a pedestrian lane is determined according to its usage intensity, providing the required extra space for pedestrian lanes with high usage intensity because passengers would encounter each other in these lanes; building a pedestrian lane (at a different level from the ground level and at least 50 cm wide) for visually impaired elderly people in public squares or large halls.

Maneuvering spaces

Providing the required maneuvering space at the spots where there is an obstruction or closed doors on the pedestrian lanes without any exits.

Even floors

Ensuring that surfaces of pedestrian lanes are free of any irregularities that may cause obstruction or be dangerous; that the level difference between the street and the main road does not exceed 20 mm and using ramps and slip-proof flooring for passages.

Orientation and warning signs

Using simple and straightforward symbols at colors that contrast with the floor for elderly people to find their way by themselves and be ware of everything that they will encounter (using sign colors according to international standards, i.e. green for security, yellow for hazardous situations and red for emergency); using signals that present the pedestrian lanes clearly and warn of any obstructions way before they are approached for visually impaired elderly people; using sound blasters for elderly people with earshot problems and, where possible, using visual warnings for hearing-impaired people.

Pedestrian crossings

Using light, sound and electro-mechanical means and also vibration signs for visually or hearing impaired elderly people.

Locations of transportation stops (for buses, automobiles and railway transportation)

Minimizing level differences as much as possible at stop locations, ensuring that information signs are visible and perceivable from far, ensuring that visually impaired elderly people notice boarding spots and lines by changing the flooring material at certain areas and directions at uptown train stations, placing electronic signs on public transportation vehicles and at stops for elderly people with earshot disabilities, ensuring that the sidewalks have ramps on both sides so as to ensure elderly people with wheelchairs to board easily.

Metros and high speed train stations

Including a ceramic strap 70-80 cm behind railway platform sides for visually impaired elderly people; integrating the Braille alphabet to keyboards in elevators that connect the metro, high speed train and bus platforms.

2.3.3. Support for Care Services and Care Providers

Goal 1: Ensuring Sustainability of Services Offered to Elderly People and Supporting Care Providers

Current Situation

Nursing homes were established within the framework of the “Institutional Care Model” to provide the means for accommodation, resting and primary needs (eating, taking medicines, etc.) in a timely manner. Presently, the diversity and the quality of the services offered at nursing homes have increased in line with the technological and managerial developments. Meanwhile, nursing homes are places that constantly remind people of ageing, social isolation and the approaching end. In the literature concerning this issue, it is being debated that elderly people living together in considerable numbers generate adverse results. The results of a survey held among elderly people living in nursing homes indicated mental disorders at an 80 per cent level, approximately 50 per cent suffering from dementia and 33 per cent from major depression. Whereas among elderly people who do not require institutional care and live in the society display merely a 20 per cent of clinical diagnosis of mental disorders. Thus, such institutions established for elderly people are gradually abandoned.

As an alternative to the institutional care model, models that would respect the dignity and esteem of the elderly people, prevent their isolation from the society and ensure that they are offered the services they require in their own environments are being proposed. Similar worldwide practices are also shaped in line with these perspectives. The point to be emphasized in this context is that elderly people should receive the service they require in their own environments, which brings the “Serving Elderly People in the Environment They Live” model on the agenda.

The living environment is important for the elderly individual. The importance of the living quarters and the environment for the individual actually increases with age. For elderly people, living quarters is a cozy home where memories hang around, a place to relax and socialize with the immediate circle. It has been observed that elderly people who have the adequate level of social support in their environments feel less lonely, adopt a more positive attitude towards ageing and have a higher satisfaction level about life.

The Metropolitan Municipality of Ankara has adopted the “Serving Elderly People in the Environment They Live” model and been a good implementer of it. The Metropolitan Municipality does the following within the framework of this model:

- Assisting in finding solutions to elderly people’s bio-psychosocial problems,
- Offering services to elderly people aiming at improving their living conditions,
- Providing guidance and occupational consultancy for elderly people in the issues they require,
- Providing support services to elderly people in matters they have difficulty in dealing with their own means,
- Assisting elderly people in finding activities for their leisure time,

- Holding educational organizations and cultural activities for elderly people,
- Conducts various efforts in ensuring active participation of elderly people in social life and encouraging the public to be sensitive to the issue of ageing.

Also, elderly people over 60 years of age who are members of the Elderly Service Center established under the Municipality aiming at serving primarily homeless and needy elderly people and which is the first and only organization in Turkey with similar cause are able to benefit from the services of the organization without any discrimination for socioeconomic level.

The services offered to elderly people by the Metropolitan Municipality of Ankara:

a. Healthcare Services

- Periodic healthcare services,
- Health screening,
- Clinical examinations,
- Psychological support service,

b. Assistance in Cash and in Kind

- Economic support services,
- Prioritized service cards,
- Elderly Free Cards,

c. Home-Based Care Support Services

- Cleaning services,
- Care services,
- All kinds of household repairs,

d. Other services,

- Social services,
- Guidance and consultancy services,
- Escorting and consultancy services,
- Social and cultural activities,
- Celebration of special days and weeks.

Social and economic disadvantages of elderly people who are under risk cause physical and psychological problems for them. Elderly people's perceptions concerning themselves may involve reflections on care provider having low level of expectations related to his/her own capabilities, self-pity, self-centeredness and being indifferent to what happens around, acceptance or easily forsaking the current role in life or totally letting go and having somebody else care for him/her. On the other hand, elderly people may be perceived as respected persons in the family, the head of the family, causing difficulty or creating a handicap, care provider, protector, opportunity provider, beneficial in terms of social experiences or neglected by the people around them.

As a result of the surveys held, the following problems were observed on elderly people:

1. Difficulty in accepting illnesses or limited capabilities, in terms of health,
2. The fact that friends and companions have died, the obligation to live with family or isolation resulting from functional incapability, in terms of social status,
3. Low level of economic means which fall short in meeting the needs and the fear of spending lifetime accumulations, in terms of economic situation,

4. Perception of services for elderly people as expensive, long-term and incurable in terms of expense priority within healthcare services, unpopular as an occupational field, vulnerable and subject to abuse as the voices of elderly people are accepted as unheard, dependence upon care and assistance, decreased level of capability in terms of payment or decision-making.

One of the problems that arise with ageing is the problem of care. In this context, two different kinds of care may be taken up. The first one is official care and the second one unofficial care. Elderly people are either cared for by the official institutions, through support services offered by the private sector or by family members.

Looking at the care services for elderly people in Turkey, we see that the care providers usually are not trained in this area. When elderly people become dependent upon continued care, these untrained individuals assume the responsibility of care, while healthcare personnel are consulted upon only during short-term treatment. Thus, elderly people are cared for by inexperienced and untrained individuals, leading to increased problems rather than constituting a solution.

There is very limited data on continued care for elderly people in Turkey. There are statistics on elderly people who are lodged at nursing homes, but no official data on care providers for elderly people who live by themselves and on how these unofficial care providers are affected from this situation.

Continued care for elderly people must be provided by individuals trained in this area. Nevertheless, presently, these services are often offered by untrained individuals.

When care to be offered to elderly people turns out to be long-term, the care providers also has certain problems. The care provider is usually excluded from the society and becomes subject to physical and mental wearing as long as he/she is obliged to care for the elderly individual.

As caring for ill or elderly people are a very difficult and weighty task, the care provider is observed to suffer from health related problems before long.

Actions to Be Taken

a. The most important thing to dwell upon concerning the nursing of and caring for elderly people is to adopt a multidisciplinary approach and ensure continuity thereof. Thus, ensuring that there are an adequate number of personnel in this occupational field, setting their tasks and responsibilities and by law and managing the quality of the healthcare services offered to elderly people in three dimensions as follows:

Service Quality: The elderly people and care providers must have expectations concerning the service offered,

Professional Quality: Implementing the techniques and methods believed to be required for meeting the needs of the individual adequately in serving elderly people by professionals,

Administrative Quality: Utilizing resources in the most effective and productive manner in accordance with limitations and directives of authorities and care receivers, establishing an administrative policy with a multidisciplinary approach in order to ensure continuity of services, ensuring that the care providers for the bed-ridden or elderly people are not cleaning personnel or attendants but “Elder Care Personnel” and that this service to be offered only upon receiving the required training,

Planning surveys and receiving results concerning the service offered to elderly people and their relatives so as to conduct performance assessment (number of patients, number of complaints received, number of commendations received).

- b. Making in-service training obligatory to all occupational personnel providing care services to elderly people,
- c. Generating and implementing alternatives that would reinforce the social roles of elderly people; opening “Elderly Clubs” with the purpose of socializing elderly people and ensuring their active participation in society,
- d. Supporting the approach that elderly people should live and age in their own environments, that public or private institutions are a continued annoyance for elderly people and should only applied to when they become bed-ridden, with priority to be given to especially elderly people who live alone and suffer from family negligence,
- e. Implementing the “Serving Elderly People in the Environment They Live” model with the purpose of contributing to a contemporary, dignified, respected, dynamic, healthy, productive ageing process full of joy for life for elderly people,
- f. Improving the awareness for healthy ageing in the society, taking measures to ensure lifelong health and developing projects in this regard,
- g. Improving factors that adversely affect health conditions of elderly people; establishing institutions linked to hospitals for elderly people who require long-term healthcare service in bed,
- h. Supporting home-based care for elderly people with chronic diseases,
- i. Supporting family members providing home-based care for elderly people on social, psychological and economic terms and providing them educational and consultancy services,
- j. Assessing health conditions of elderly people by paying them visits at home by healthcare teams,
- k. Providing hot dishes prepared according to suitable diet schedules aiming at elderly people through volunteer and public organizations; offering services involving shopping, sightseeing and theatre entertainment,
- l. Establishing day-care homes providing services including feeding, regular medication and social activities for elderly people,
- m. Ensuring equal opportunities for benefiting from healthcare and nursing services and preventing agitation,
- n. Preventing elderly people from being put off in benefiting from treatment opportunities and all kinds of healthcare and social services,
- o. Eliminating the difficulties that elderly people and especially those who live in provinces encounter in technology utilization,
- p. Supporting economically and socially elderly people who care for their grandchildren or ill family members,
- r. Increasing the quality of life and the levels of satisfaction of elderly people by maintaining their independence and offering them services that would improve their living conditions,

- s. Assisting elderly people in their daily household activities (for example, house cleaning) and offering guidance and occupational consultancy services to them on the issues they are interested (for example, legal consultancy),
- t. Supporting elderly people concerning issues they have a hard time tackling through their own means (for example, organizing vacation plans),
- u. Assisting elderly people in finding activities for their leisure time and organizing cultural activities for them (for example, going to the theatre),
- v. Ensuring active participation of elderly people in the social life, raising awareness in the society concerning the problems elderly people encounter in the society and ageing, increasing the sensitivity level in the public on these issues and cooperating with the relevant public authorities for providing economic assurance for elderly people.

Goal 2: Supporting the Roles of Elderly People and Especially Women in Care Services

Current Situation

The state offers its services to elderly people through accepting them to the nursing homes it opens and looking after them until they die. The private sector, on the other hand, offers its services through opening nursing homes or sending care providers to those who live by themselves or with their families. Especially in rural areas, someone from the family cares for the elderly individual unofficially. This person is usually the spouse, daughter, daughter-in-law, niece or granddaughter of the elderly individual, which means that most of the time women assume the responsibility for caring for elderly people.

Women who in particular have concerns about ageing and believe that they would not be able to care for themselves when they get old consider staying in homes planned specially for elderly people more positively compared to men who count on their wives in this respect.

Vocational approaches are implemented through various disciplines for facilitating life at home for elderly women. The disciplines in the team offering services to elderly people and their primary tasks can be summarized as follows:

Physiotherapists pay visits to homes of elderly people to assess daily activities of elderly people and the general characteristics of the house they live in, and teach them special methods to increase functionality and facilitate activities such as cooking, child care, cleaning, shopping, etc. so that women may become more independent, help in arranging the furniture in the house in a more functional manner, raise their awareness for preventing any household accidents by removing doorsteps or carpets if possible, determine the tools that would help them increase working capacity at home and in daily activities and provide training with these tools and assist in increasing elderly people's motivation and self-reliance.

Within the scope of home-based care services, nurses assess the elderly individual and his/her family on biological, psychological, social, mental and cultural terms, assists in determining the level of requirement for home-based care and the current and potential problems in this respect, planning and implementation of training required

by the elderly individual and his/her family, direct the elderly individual to the relevant healthcare institution when necessary and coordinate with other occupational groups in the offering of home-based care services.

Home economists assist in informing and raising the awareness of the family and the society on ageing, make the required arrangements in the house so as to help elderly people live independently, help spending their leisure time productively, provide consultancy services by preparing training programs on the methods that would ensure mindful employment of money, time and energy on issues such as purchasing, usage and maintenance of gear and tools, alimentary products, cleaning materials, etc. which constitute a significant portion of the quality of life for elderly people, according to the requirements and problems that may arise in the family during ageing.

Social service specialists pursue efforts to ensure that respect towards elderly people is maintained, assist them in taking their own decisions, ensure functionality at an optimum level and improve their living conditions as much as possible, eliminate obstacles that impede the services offered, take measures to facilitate life and organize communication between family members, establish other social support network connections, be responsible for efficient and effective offering of services by relevant organizations, develop policies and programs and create more resources.

Psychologists assist elderly people in knowing oneself, planning the future, living an organized and planned life and integrating with the society, prevent the daily annoyances from turning into major problems, and facilitate establishing health relationships with family and friends and adapting to the society.

In all societies and at all social classes, women constituting the majority of the unofficial care providers of elderly people get affected from this “role of attendance” or the “burden of nursing” physically, psychologically and socially. Assuming of the role of caring for elderly people, the number of whom increase ever more, by institutions brings with it cost related problems.

Actions to Be Taken

- a. Publicizing the perception that all family members have equal responsibilities in caring for elderly family members, taking into consideration the fact that women also are included in working life,
- b. Offering consultancy services involving psychological and social support for long-term care providers,
- c. Ensuring that disciplines that serve elderly people implement their occupational approaches for facilitating life at home for elderly women who live by themselves or who are obliged to take care of their elderly spouses.

2.3.4. Negligence, Abuse and Violence

Goal 1: Elimination of All Kinds of Negligence, Abuse and Violence against Elderly People

Current Situation

The percentage of the elderly population within the overall population increases from year to year as a result of the decrease in infant mortality and mortality due to contagious and other diseases thanks to the development of new diagnosis and treatment methods, the decrease in fertility rate thanks to the family planning services and the increase in life expectancy.

Presently, elderly individuals undergo a more active, healthy and independent ageing process compared to the past. As the number of elderly people in the society and life expectancy increase, the prospect of abuse, negligence and violence against elderly people also increase. Meanwhile, abuse and negligence of elderly people remains as a disguised problem and may be perceived as normal by the society.

Although abuse, negligence and violence against elderly people are a common problem in the world at large, it does not receive enough attention. Particularly, elder abuse and negligence taken up under the heading of “domestic violence” is of a dimension that exceeds the limits of domestic violence. Abuse and negligence against elderly people may be prevalent in all environments involving elderly people besides their domestic environments.

On the other hand, on account of being dependent upon other individuals as a result of deterioration of physical and mental health in elderly years, it is observed that the prospect of abuse and negligence is valid also for elderly people, beyond the violence against women which first comes to mind in the context of “domestic violence”, and that it is not simply based on gender discrimination.

World Health Organization takes up violence on the basis of gender discrimination. It defines violence exercised by spouses as all kinds of behavior that cause physical, psychological or sexual damage in an intimate relationship. It also involves the following:

- Acts of physical assault such as slapping on the face, hitting, kicking and beating,
- Psychological harassment such as suppression, continuous insult and humiliation,
- Forced sexual intercourse and other forms of using force,
- Acts of domination such as pushing the individual away from family and friends, supervising and restricting his/her actions, hindering his/her access to information or help.

On the basis of the above stated definition of violence, violence against elderly people may be defined as acts that cause or have the potential of causing physical, sexual or psychological harm to the elderly individual. Threatening, forcing or restricting freedoms are also included in this definition.

Abuse of elderly people can be defined as acts by individuals elderly people trust in that threaten their health or wellbeing or cause them harm. Negligence may turn into abuse over time.

Elderly individual being dependent upon other individuals and especially an attendant due to his/her disabilities may increase the probability of abuse. Although abuse is known to be quite prevalent, not many of them are reported; they rather tend to remain undisclosed. On account of elderly people's physical problems and inadequacy in their cognitive processes, they are prone to be abused easily. Neediness, an inadequate social environment and the poor conditions of living quarters increase the prospect of abuse.

Individuals who abuse elderly people are usually family members (spouse, children, brothers and sisters, etc.), relatives, attendants and other individuals who interact with elderly people. Abuse of elderly individuals in the family is exercised 13 per cent by spouses, 2 per cent children and 21 per cent relatives.

Negligence of elderly people is the failure of individuals in charge of meeting elderly people's physical (eating, dressing, personal cleaning, healthcare, accommodation, heating, security and economic support), social and psychological needs in doing so. Except for the situations where the elderly individual rejects treatment, inadequacy in providing personal and mental healthcare requirements is included in this definition. Negligence may be either intentional (active negligence) or unintentional (passive negligence).

Kinds of abuse and negligence of elderly people

1. Physical abuse,
2. Sexual abuse,
3. Emotional or psychological abuse,
4. Negligence and abandonment,
5. Economic abuse,
6. Self-negligence.

Physical abuse is all kinds of intentional physical acts that cause pain and distress for the elderly individual by the family member or the attendant who cares for him/her or some other person the elderly individual trusts. Occasionally, injuries, scars and purple spots that may relate to physical abuse may be covered with clothes.

Sexual abuse is forcing of the elderly individual by touching or having sexual intercourse with him/her. The abuser does these acts without the permission of the elderly individual.

Emotional or psychological abuse is intentional hurting of the elderly individual by his/her family, spouse, other family members, friends or some other person whom he/she trusts. It involves verbal assault, threatening, embarrassment and isolation from his/her peers.

Negligence and abandonment may be defined as refusal or failure in the care offered to or literally abandonment of the elderly individual by the individual who accompanies and cares for him/her (spouse, other family member, attendant, etc.).

Economic abuse is the abuse or stealing of the elderly individual's money or property, forcefully taking over of his entitlements or employment of his/her financial resources without his/her consent by a person he/she trusts, a family member or friend.

Self-negligence is inadequacy of the elderly individual in caring for himself/herself. It at the same time involves living alone, in such a way that it causes a threat in terms of the elderly individual's health or security.

The Situation in the World

Research held in the US on the prevalence of abuse and negligence of elderly people points at 58.5 per cent negligence, 15.7 per cent physical abuse, 12.3 per cent economic abuse, 7.3 per cent emotional abuse, 5.1 per cent other abuse and 5 per cent sexual abuse. In this sampling, 6 per cent abstained from furnishing information.

Research held in Canada points at 40 per cent economic abuse, 38 per cent embarrassment, 23 per cent physical abuse, 7.3 per cent emotional abuse, 5.1 per cent other abuse and 5 per cent and sexual abuse 5 per cent. Just like the situation in the U.S., 6 per cent abstained from furnishing information.

The results of a survey held in the United Kingdom among elderly people over 65 years of age indicate 5 per cent verbal and 2 per cent physical and economic abuse of elderly people by a member of their family or close relative.

Results of research held on abuse and negligence of elderly people show that the prospects of abuse and negligence are higher in cultures where elderly people are not respected and valued.

In all societies, "life expectancy" and elderly population compared to other age groups increase. Nevertheless, the number of elderly women is more than elderly men because life spans of women are higher than that of men. Also, women live a life more dependent on other individuals on economic terms, compared to men. As a result, abusing of elderly women is more compared to men, since women are more dependent upon other individuals compared to men. Yet, looking at the characteristics of abusers, we see that majority of them are men.

Findings on the kinds of abuse indicate that the kind of abuse is related to whether or not it is being reported. Reported incidents generally involve physical abuse.

Whether cared for in an institution or at home, qualities of the attendants caring for elderly people are issues to be dwelled upon. The increase in the life span and living an unhealthy life increases dependence upon other individuals and in particular attendants, which raises the prospects of abuse.

The Situation in Turkey

In Turkey, there aren't any original scientific studies concerning abuse, negligence and violence against elderly people, other than translations. Nevertheless, scientific studies on violence are abundant. Violence against women and children are the most

dwelled upon issues within the scope of domestic violence. When the common features of violence against women and violence against elderly people are taken into consideration (for example, elderly women being subject to violence more than men), it may be pointed out that research on violence based on gender discrimination are evocative.

Although abuse and negligence of elderly people is a prevalent social problem, legal regulations, social attempts and implementations aiming at elimination of violence against elderly people fall short.

On the other hand, there aren't any original scientific studies concerning abuse, negligence and violence against elderly people, other than translations. For example, there is no research on the prevalence of elder abuse. Elderly people tend to abstain from declaring that they are abused. They are afraid of being taken from their homes and transferred to an institution and becoming subject to abuse once again, or they are concerned that this would not be heeded enough.

Actions to Be Taken

It is acknowledged that elderly people suffering from abuse or negligence do not share this with the people they live with. The primary concern for elderly people who have been subject to abuse or negligence is the fear for the recurrence of this situation or becoming detached from their families. In addition, they think that if they report such incidence, they would be transferred to an institution or else the police would not pay enough attention to this situation. However, abuse of elderly people is a very important issue and may result in incurable wounds on the elderly individual. It must be ensured that such abuse be reported and stopped through protection of the elderly individual by the state. Besides reporting and interruption of the situation, the conditions that lead to such abuse must be improved without hurting the elderly individual and various preventive measures must be taken in this respect.

In stopping violence against elderly people, it would not be sufficient just to develop a plan of action aiming at elderly people, but mechanisms that would monitor the implementation of this plan of action should also be established.

In order to prevent abuse and negligence of elderly people, regulations should be conducted in four areas, which are:

1- Legal Regulations

As the punishment for abuse and negligence in the legal system is inconsiderable, it does not make a deterrent effect on the abusers. Increasing of sanctions aiming at protecting elderly people's rights through legal regulations would enable elderly people being abused to express it more easily and be deterrent for abusers.

2- Vocational Training

Taking into consideration the low level of reporting concerning elder abuse and negligence, vocational training should be provided in five areas that would help detecting abuse and negligence of elderly people and taking measures in this respect.

- a. Training of specialists who work with elderly people (psychologists, doctors, social service specialists): Training of doctors, psychologists and social service specialists who work in hospitals, nursing homes and the legal system

- would enable detecting of abuse and negligence of elderly people and taking the required measures,
- b. Training of judicial and security officers: Training of judicial and security officers who may encounter elderly people within the legal system (for example, when elderly people become subject to sexual abuse, when assignment of a guardian is required, etc.) on abuse and negligence of elderly people would enable detecting of abuse and negligence of elderly people and taking the required measures,
 - c. Training of the managers of institutions that work with elderly people: Bilateral and recurrent training should be given to managers who work with elderly people (in nursing homes or alms' houses) on the kinds of elder abuse and how to detect the abuser,
 - d. Training of the personnel who provide care for elderly people: Training of attendant personnel on ageing and elder abuse would make considerable contributions to prevention of abuse and negligence and their training on how to tackle the difficulties they encounter during attendance of elderly people would decrease resorting to violence upon difficult situations; attendant personnel should also be sent to the hospital regularly to be examined in terms of any psychological disorders,
 - e. Training of families that take care of elderly people: Through providing free of charge public seminars on ageing, psychology of elderly people, training on skills and problem solving, families taking care of elderly people would be assisted in tackling their emotions of exhaustion,

3- Taking Measures through Service

Allocating a telephone line to report elder abuse would constitute a solution for detecting abuse and negligence of elderly people.

4- Training of the Society

- a. All sectors of the society (public institutions and organizations, local governments, universities, non-governmental organizations, media, etc.) should come out against negative representations that legitimize abuse, negligence and violence; mass circulation media, advertisements and school curricula that foster and intensify violence should be fought against,
- b. Abating proverbs or sayings that legitimize violence in the society (for example, “the guilty one is the one who dies, not the one who kills”, “a rose blossoms on the face slapped by the teacher”, “the flesh is yours and the bone is mine”, etc.)
- c. The society should be educated through training seminars and public media and press,
- d. Including courses on ageing, old-age, elderly psychology and abuse of elderly people in the curricula of primary and high school education,
- e. Broadcasting programs on ageing, ageing awareness, and abuse and negligence of elderly people on the radio and television; the state should provide incentives for making such programs and sensitivity should be grown in the society on this issue,
- f. Informing elderly people on elder abuse and explaining them their legal rights in this respect and the measures that the state takes in case of such abuse and negligence,
- g. Organizing educational activities for eliminating and preventing abuse of elderly people through the cooperation of public institutions and organizations,

universities, local governments, non-governmental organizations and other institutions and organizations,

h. Although there are numerous scientific publications on abuse and negligence of elderly people abroad, no original scientific study exists in our country on this issue other than translations. Scientific studies aiming at researching reasons for and consequences of elder abuse and negligence, its prevalence, kinds and frequency of such incidents, and perceptions of violence of violence victims and violence exercisers should be initiated and supported.

Goal 2: Provision of Support Services against Abuse of Elderly People

Current Situation

While there are institutions that provide support services in case of incidents of violence against elderly people in developed countries (United States, United Kingdom, Canada, Germany, Australia, etc.), the situation in Turkey is as follows:

Although there are institutions in our country that provide support services for elderly individuals who become subject to violence, their number is very low. Elderly individuals who become subject to violence are protected and cared for in the nursing homes that operate under Social Services and Child Protection Agency or shelters for women. In addition, personal services are also offered at Elderly Solidarity Centers. Major Elderly Solidarity Centers are listed below:

- İzmir Nebahat Dolman Elderly Solidarity Center,
- Çanakkale Elderly Solidarity Center,
- Ankara Emek Elderly Solidarity Center,
- Ankara Kocatepe Elderly Solidarity Center,
- Denizli Elderly Solidarity Center.

Besides Elderly Solidarity Centers, there are also centers for protecting and healing individuals who become subject to violence especially based on gender discrimination. For solving problems concerning violence against women, Prime Ministry Directorate General on the Status and Problems of Women was established. Likewise, Prime Ministry Family Research Institution provides assistance on similar problems. The institutions that individuals who become subject to violence can resort to are listed below:

- Foundation for Women's Solidarity,
- Center for Women's Solidarity (Altındağ),
- Family Solidarity Center of SHÇEK (Altındağ, Kocatepe)
- Mor Çatı Shelter for Women,
- Shelters and Solidarity Centers of Local Governments,
 - o Bornova Municipality Women's Solidarity Shelter,
 - o Bakırköy Women's Culture and Solidarity Center,
 - o Bakırköy Municipality Women's Shelter,
 - o Şişli Municipality Women's Shelter,
 - o Nazilli Municipality Women's Solidarity Shelter
- Guest Houses
 - o SHÇEK Istanbul Provincial Guest House for Women
 - o SHÇEK Ankara Provincial Guest House for Women
 - o SHÇEK İzmir Provincial Guest House for Women

- Other Guest Houses of SHÇEK (Eskişehir, Bursa, Tekirdağ, Antalya)

Abuse and negligence threaten physical and mental health of elderly individuals and cause health problems that adversely affect the quality of life. Abuse and negligence cause in particular psychological problems that require treatment such as depression, post-traumatic stress disorders, clouding consciousness or adaptation disorders.

In this context, the major goals should be bringing the centers that provide support services for finding solutions to problems caused by abuse, negligence and violence against elderly people to an adequate level and increasing the quality of the services provided in this respect.

Actions to Be Taken

Intervention methods for elderly people that become subject to abuse and negligence should be developed and implemented.

Legal measures for elderly people who suffer from abuse should be formulized. Regulations should be conducted in terms of lodging elderly people in institutions, meeting their accommodation requirements through public means and increasing social assurances. The following points should be taken into consideration within the scope of the intervention to be realized:

- a. Seeking consent of elderly people rather than imposing the enacted regulations on them as sanctions (for example, the elderly individual should make the decision to whether or not being lodged in a nursing home),
- b. Allowing elderly people to decide for themselves on where and how to live and whether or not seek social assistance,
- c. Refraining from being restrictive in the offering of alternative intervention methods to elderly people,
- d. Accepting elderly people as adequate for decision making as long as they do not suffer from a serious illness,
- e. If possible, activating family support systems as the first resort for elderly people who become subject to abuse,
- f. Proposing elderly people home-based care rather than institutional care,
- g. Determining in a systematic and standardized manner whether or not the elderly individual would suffer from abuse in the future and require urgent intervention,
- h. Allocating a telephone line for emergency intervention in addition to the line for reporting incidents involving abuse of elderly people so as to allow elderly people who become subject to abuse to receive psychological support by using this line,
- i. Intervention dimensions may differ from person to person. These may involve:
 - Counseling for the elderly individual,
 - Counseling for the abuser,
 - Emergency intervention involving accommodation, eating, physical and mental health,
 - Support in terms of economic orientation,
 - Protecting the elderly individual economically,
 - Home and healthcare,

- Legal interventions,
- Home cleaning services.
- j. Monitoring the elderly individual at regular intervals following the interventions made.

2.3.5. Perspective of Ageing

Goal 1: Ensuring the Society's Awareness of Elderly People's Authoritative, Wise and Productive Qualities and Other Contributions

Current Situation

Historically analyzing the social matrices on elderly people and ageing in our country, we observe that the elder, be it male or female, was protected in ancient Turks. Starting with the Republic era, Turkey has undergone a rapid social structural change. There have been important changes in the family life. Rapid transformations change social institutions, behavior and values, while the changes in the family affect the status and functions of the elder. In Turkey, family functions did not change in the same direction with the changes in the family structure. As on one hand new nuclear families start to decompose from large families, the system of family and relatives start to form on functional terms, on the other hand. Although families live in separate residences in both rural and urban areas, mutual assistance and support is expected among relatives. Apart from financial support, children seek assistance from their parents in child care, while the caring for and sustenance of elderly parents becomes the responsibility of grown up children. The family also assumes the responsibility of widowers in need.

Our developing society maintains its feature of looking after the elder. As a result of a survey held in Ankara among 1300 elderly people, the observance was made that the Turkish family structure has not lost its positive aspects especially in terms of elderly people and that elderly people are still respected and esteemed in the family. Although the survey was held in the urban sector, it is evident that the tradition approach still remains. Majority of the elderly people that participated in the survey (84.4 per cent) perceive being old as being respected. Meanwhile 64.4 per cent of the elderly people, who stated that they felt old, maintained a positive attitude towards being old.

The requirement to review the prevalent concept of ageing and the current policies related therewith has now arisen in our country, as well as all other countries in the world. The outlook on ageing involves integration with the society, regaining of the vanished statuses and roles, increasing of functions and effective spending of the leisure time, besides providing care for the elderly people.

However, association and identification of ageing with death brings with it various stereotypes and beliefs. In the society, the word elderly evokes an unhappy and lonely dependent individual with walking difficulties, close to change and whose social relations have weakened. Positive aspects of old-age such as experience and wisdom tend to be neglected and negative aspects emphasized, disregarding many elderly people who enjoy an active and healthy ageing process. As per the stereotypes mentioned here, the elderly individual has various worries concerning his

or her health, losing his/her control or independence or being excluded from the society. Elderly individuals' adoption by of the negative qualities assigned to them by the society, their fears of losing their independence and becoming dependent on others in carrying out their basic functions and meeting their basic needs generate an adverse effect on their quality of life. Even if he/she does not like such approach by the society or else feel old, the elderly individual tends to act in keeping with his/her age starting with "the point at which he/she accepts himself/herself as old".

Certain incorrect beliefs and stereotypes concerning ageing are as follows:

- There is no development process for ageing – ageing means approaching the end.
- It is not possible to undergo an active ageing process.
- Ageing means weakening in mental processes.
- Old people are alone and they are being abandoned by their families.
- Majority of old people live in nursing homes and become bedridden on account of various illnesses.

Currently, policies and programs on ageing focus on increasing the quality of life and health in general. The target is a productive, successful and independent ageing process. Successful ageing is not a notion merely about health but it rather signifies the presence of a complete state of wellness as far as also social and psychological aspects are concerned. The length of a lifetime, biological and mental health, cognitive competence, social competence, productivity, self-control and enjoyment of life are the main indicators of successful ageing. Successful ageing of individuals is not concerned only with their personal characteristics, but at the same time closely related with the support services involving psycho-social, economic and physiological qualities to be provided to them by the public. The most concrete indicator of this target is the key concept suggested by the Gerontological Society of America in 1955, which was "adding life to one's years instead of just years to one's life."

The elder much cared for and respected within the traditional large families became lonely and weak as a result of the transformation into nuclear family. In this context, the efforts on the part of the state in conducting the functions of a large family fell extremely short and failed to go parallel with social change.

The Elder Services Department operating under the Directorate General, which later took the name Social Services and Child Protection Agency through the enactment of Law No. 2828, offers and develops day-care and boarding institutions services for elderly people on one hand, while supervising the institutional care services undertaken by various public institutions, organization, foundations and private persons and conducting activities aiming at developing the social perspective for ageing directly and publicizing it for the society, on the other hand.

In parallel to the decisions taken in the 1st and 2nd World Assemblies on Ageing and relevant meetings of the United Nations Organization, the Agency pursues coordinated efforts for the nationwide celebration of "International Day of the Elderly" on October 1st. It publishes a message involving a separate theme each year for the International Day of the Elderly and sends this message to all provincial social directorates to call for its nationwide celebration through various activities with the cooperation of public institutions, non-governmental organizations and the media.

The Turkish elderly individual is devoted to the Turkish War of Independence and the principles of the Republic. The elder people of today are the “Children of the Republic” who have lived through the years of war and witnessed the establishment of the Republic. In this context, our elderly people who have established the Republic and brought our nation to its present state are particularly respected and esteemed. Following a proposal by a non-governmental organization that operate in the field of ageing, the 18 March Commemoration Days for Çanakkale Martyrs is being celebrated in our country as “Elderly Week” between 18-24 March.

Through the cooperation of the public institutions and organizations, non-governmental organizations and the media, the “Elderly Week” celebrations aim at preserving the respect towards elderly people, ensuring a healthy and happy life for them, conducting research on ageing, benefiting from the experiences of these people who made our nation arrive at its current status, establishing communication with various age groups, and publicizing and eliminating the social, economic and psychological problems elderly people encounter in the society. Throughout the week, the interest and participation of the public is aimed at being triggered through cooperation with media institutions at local and national levels.

SHÇEK Directorate General has organized the 1st, 2nd and 3rd General Assemblies on Elderly People in 1992, 1994 and 1998, with the purpose of supporting inter-segmental cooperation and ensuring participation of elderly people.

Representatives from all provinces participated in all three general assemblies and acquired the opportunity to voice their problems and requirements related to ageing and their expectations from the state in this regard. By having the representatives of relevant public institutions and organizations, non-governmental organizations and media institutions participate in these assemblies, efforts at cooperating for future policies and priorities were supported. The issues taken up in the final reports of all three general assemblies were delivered to the relevant institutions.

The 3rd General Assembly on Elderly People was organized on 5-7 October 1998, within the framework of the activities for the year 1999, which was designated by the United Nations Organization as the “International Year of Older Persons” through supporting of various associate activities. In our country, the 1999 International Year of Older Persons activities were initiated on 1 October 1998 and lasted until the end of 1999. The General Assembly adopted the theme “elderly rights” for the year. Each province formed a committee consisting of the representatives of public institutions, non-governmental organizations and elderly representatives coordinated by Social Services Provincial Directorates, prepared its provincial report and elected its elderly representative, so that the elderly representative who will participate in the General Assembly could represent his/her province properly. The elderly representatives initially participated in regional meetings formed on geographical basis and contributed to the drafting of regional reports. Subsequently, they represented their provinces in the General Assembly held in Ankara. The General Assembly and the Directorate General dwelled upon the Elderly Principles accepted by the United Nations, which are independence, self-realization, respect, care and participation, and took up and emphasized the principle of personal participation at the national level.

In the process of the planning and conduct of the social services aiming at elderly people, Prime Ministry SHÇEK Agency devotes great efforts to cooperation with the relevant public institutions and non-governmental organizations, and especially the media, for developing a perspective towards ageing.

In this framework, Turkey's national media channel TRT proposes subjects and topics on ageing to the Agency within its General Broadcasting Plan so as to inform the society on ageing and raise their awareness in this respect. The Agency also cooperates with institutions such as PTT (the General Directorate of Post and Telegraph Organization) and Milli Piyango (the Turkish National Lottery Administration) to cover themes on ageing on telephone cards and national lottery tickets.

The media assumes important tasks in terms of the goals on the "Perspective on Ageing" in the International Plan of Action on Ageing. In the surveys held for determining the current situation in our country, some of the media channels stated that they did not have any specific programs on ageing, and rather they broadcasted daily news on elderly people and ageing.

The Department of Religious Affairs plays a significant role in terms of attracting the attention of, informing and raising the awareness of the society on social issues. According to the information received from the Department, information on "respecting and protecting elderly people and the importance placed upon elderly people in Islam" is included in their Monthly Journal, Monthly European Journal and in various works they publish, as well as the Religious Affairs Program on TRT and the sermons at mosques.

Within the framework of educational efforts, topics on ageing are included in the school books in the scope of the Ministry of National Education curricula.

The pleasant thing is that, recently in our country, the viewpoint on ageing tends to comprise and draw attention to the overall aspect of healthy ageing, rather than remaining solely within the traditional values concerning the dimensions of respect and protection. Thus, a new look upon ageing at a scientific level has started to be developed through the opening of geriatric units, centers and unions, thanks to the contributions of non-governmental institutions to start with universities.

The efforts of the Social Services and Child Protection Agency which aims at organizing the social assurances offered to individuals for their elder periods within the framework of various regulations and practices, as well as retirement, and the social services and activities of other specific groups for elderly people (for example, the Retirement Fund, Social Insurance Institution, *Bağ-Kur* (Social Security Organization for Artisans and the Self-Employed) and other individual social assurances) are not sufficient.

Similarly, the adequacy of the services offered at the abundant number of nursing homes of the state, foundations or the private sector aiming at providing peace of mind, security, health and happiness to elderly, lonely and homeless individuals and meeting their physical, mental and social needs is debatable.

Another important point concerning our elderly people is the fact that although they are in possession of a significant political power, they do not receive enough attention by politicians. The programs of political parties should include the issues related to elderly people and policies aiming at them should start to be implemented urgently. The foresights of politicians about increasing of political potentials of elderly people in the future will also highlight the themes of “healthy ageing” and “quality of life for elderly people”.

The efforts of the public institutions, non-governmental organizations and the private sector in this regard are detached from each other. Coordinated and all-comprehensive efforts are required in this context.

Actions to Be Taken

- a. Cooperation of the state, politicians, local governments, non-governmental organizations, universities and private sector organizations to ensure that Turkish elderly people undergo a “proud, esteemed and health ageing process” and to develop new models for increasing their quality of life; for example, experts with different disciplines of specialization in healthcare (geriatrists, clinical psychologists, psychiatrists, physiotherapists, dieticians, nurses, home economists, health officers, etc.) should cooperate and share their knowledge and skills and offer these to the Turkish elderly people in the framework of new approaches, whereupon the state and the politicians assume their responsibilities,
- b. Widening the content of the perspective on ageing of the society and conducting comprehensive research on the general views and attitudes of the society so as to make plans for future rapid ageing tendency, with the contribution of all segments,
- c. Emphasizing the importance of demographic ageing and conducting research in this field with the participation of all relevant segments, and in particular universities, and disseminating the results thereof to large masses through publications and broadcasting,
- d. Reaching large masses through publications aiming at preserving our traditional values and supporting care providers in order to prevent our country from suffering from the problems developed countries suffered,
- e. Pursuing efforts on the part of the media with the purpose of maximizing the benefits acquired from the knowledge, skills and experiences of elderly people, taking into consideration their age periods,
- f. Pursuing educational efforts aiming at young people to develop inter-generational solidarity and raising the awareness concerning respect for elderly people, including the issue of ageing and elderly people as a subject in the curricula of primary and secondary education institutions,
- g. Preparing preparatory programs for retirements in order to increase knowledge and skills of individuals to enable them to pursue their activities and productive efforts following their active professional life and to ensure their adaptation to the retirement period,
- h. Organizing recreational activities whereby elderly people and other age groups would be able to come together and spend their leisure time feeling as a portion of a whole,

- i. Taking all kinds of measures by central governments and local governments to ensure active participation of elderly people to daily life and offering them specific facilities by making policy changes where required (for example, making the part-time free ride facilities on public transportation full-time which is implemented by certain municipalities and expanding it to the whole country, adding mechanisms that would facilitate elderly people's embarking and disembarking buses and other public transportation vehicles, making special arrangements for elderly and disabled people in the scope of urban planning mechanisms, etc.),
- j. Including elderly subgroups within the organizations of political parties and making the necessary arrangements in the political parties act in this respect,
- k. Organizing educational courses for elderly people by public education centers, social centers and elderly solidarity centers for developing their manual skills to ensure rational employment of their labor,
- l. Organizing programs for ensuring adaptation of elderly people to the contemporary times to ensure that they are not left behind in terms of the rising educational level,
- m. Opening day-care centers for spending leisure times for elderly people who live in institutions and in their own houses,
- n. Reducing the potential problems of the twenty-first century in terms of rapid ageing process by providing secure, facilitating and supportive environments to increase health and wellbeing at old age; preparing, implementing and monitoring projects and programs at the national level; establishing an Ageing Institute with the purpose of conducting international studies that would guide governments and political parties.

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3. THE IMPLEMENTATION OF PLAN OF ACTION

This Plan of Action devised through the participation of first and foremost the Social Services and Child Protection Agency and all relevant institutions under the coordination of the State Planning Organization, taking into consideration the international undertakings in this respect, comprises short-, medium- and long-term goals and the comprehensive actions to be taken to achieve these goals. By all means, it does not seem possible to implement all of these actions simultaneously.

In order to put into practice the actions referred to in the National Plan of Action on Ageing, initially the prioritized actions need to be determined through consideration of the magnitude and priority of the problems of elderly people and an Implementation Schedule need to be prepared for these actions.

The Implementation Schedule to be prepared should include the institution to assume the responsibility, the institution(s) to be cooperated in this respect, the timeframe for such activities, projections on the funding to be needed for the project, and whether or not any administrative or legal arrangements would be necessary. Also, formation of a mechanism that would assume a monitoring, evaluation and orientation role to ensure successful implementation and coordination of the actions would be of great importance.

It is deemed appropriate to organize a workshop for establishing the mechanism that would assume a monitoring, evaluation and orientation role in determining the principles and the framework of the Implementation Schedule for conducting the actions foreseen in the National Plan of Action on Ageing.

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Financial Support for Edition: Turkish Representative Office of United Nations
Population Fund

Institutions and Organizations:

Metropolitan Municipality of Ankara
Directorate General of Bağ-Kur (Social Security Organization for Artisans and the Self-Employed)
United Nations Population Fund
Ministry of Foreign Affairs
Turkish Pension Fund
Turkish Geriatric Physiotherapy Association
Association of Geriatric and Gerontology
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