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BRIEFS

**Local Governance of the
Demographic Transition
Process in Turkey: Aging
Society and Urban Policies**

TESEV Briefs aim to share with the public different opinions and recommendations on issues that are under TESEV's working areas.





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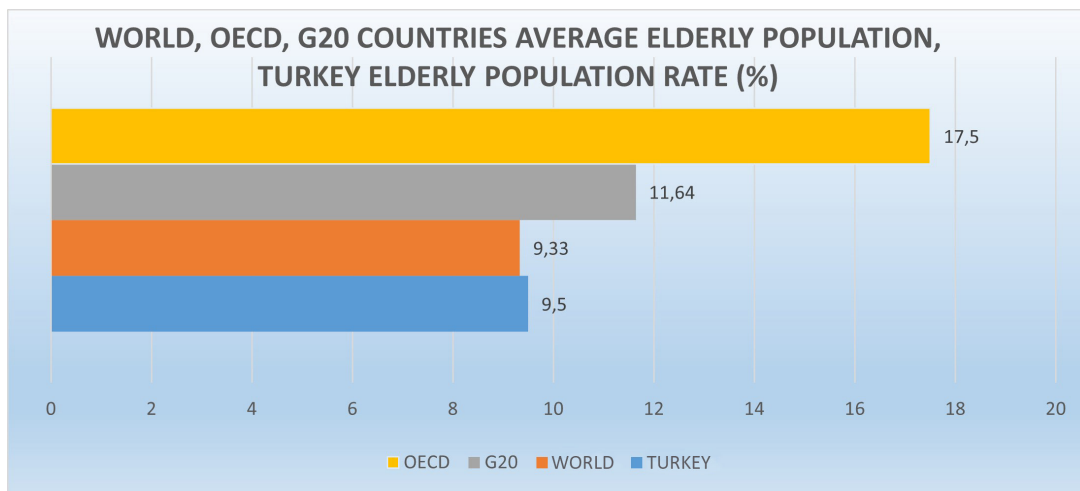
Demographic Transition and Aging Cities

Demographic transition theory was developed in Europe as a result of the long-term monitoring of birth and death rates. In the first stage of the widely used three-stage version of the theory, both birth and death rates are high. In the second stage, while death rates are on the decrease, birth rates are still high. It is stated that a serious increase in population occurs at this stage. Finally, in the third stage, it is stated that with the low birth and death rates, the population growth rate will decrease and the transformation will be completed. According to the theory, all societies will complete this process sooner, or later (Koç, Eryurt, Adalı and Seçkiner, 2010).

While Turkey has been going through this process with its specific dynamics as a part of the demographic transition process, it is commonly said that as distinct from other countries of the world, it has a young and dynamic population, which is perceived as an advantage over other countries. This demographic imagination, which is desired to

be seen as an advantage, functions as some kind of a moral support against unfavorable developments, socioeconomic crises, and unexpected failures. In some cases, despite its advantage, the same discourse also emerges as a subject of self-criticism for it is far from what is desired. It is necessary to make some comparisons in order to understand whether this situation is as it is assumed to be, or the contrary. Considering the year 2020, the elderly¹ population rate in the world population is 9.33%. In Turkey, on the other hand, it is seen that this rate is slightly above the world average with a level of 9.5% for the same year, and far from the 17.5% slice, which is the average of the elderly population of OECD countries. The average elderly population rate of G20 countries, which are in the same league with Turkey in terms of economy, is 11,64%, which is again higher than the elderly population rate of Turkey (OECD Database).

Indicators regarding the aging processes of countries are not limited to displaying just how much elderly population those countries have at that time, and comparing those findings with those of other countries. A dynamic structure, in which many variables such as birth, death and migration are decisive, should be made comprehensible with the use of diverse indicators. One of the most important indicators used for the given purpose is the aging rate of countries. The aging rate is based on the time elapsed between the rise of a country's 65+ population from 7% to 14%. To give some examples, France has reached this rate in 115 years, Sweden in 85 years, and Australia in 73 years, which make them countries with the lowest aging rate. On the other hand, Japan with 28 years, Singapore with 19 years, and South Korea with 18 years are among the countries with the highest aging rate (Kinsella, Kevin and Wan He, 2009).

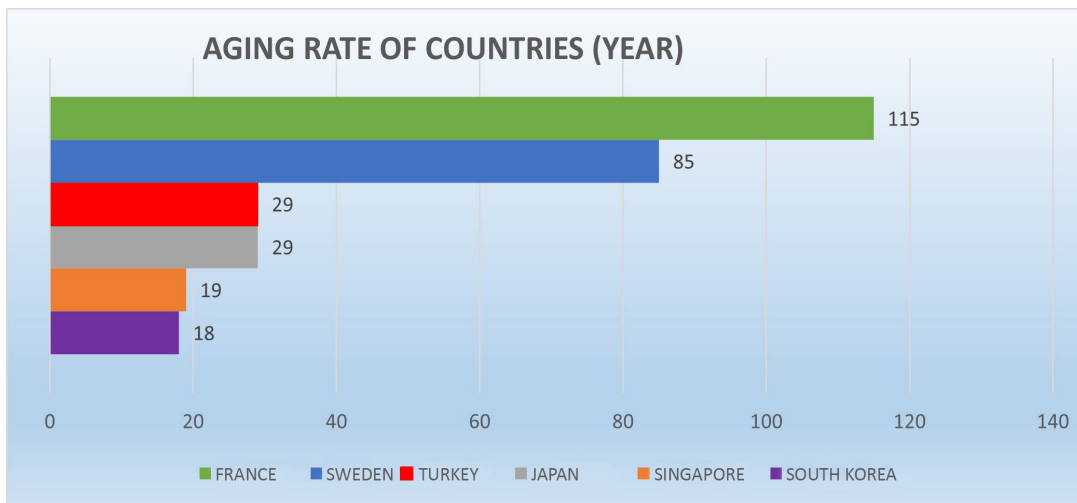


Resource: OECD and TÜİK Database

According to the data obtained from the Address Based Population Registration System (ADNKS) (ABPRS), it is seen that the population of Turkey consists of 65+ people with a rate of 9.5% in 2020, and in 2010 this rate has reached 7%, which is considered as the baseline threshold in aging rate calculations. As of today, since an elderly population of 14% has not yet been reached, it is not possible to talk about an actualized aging rate. In order to calculate a probable aging rate, it is necessary to look at the various scenarios produced by TÜİK on the basis of its current population projections. Considering all of these, it is predicted that the elderly population ratio will reach 14% after 2030, and before 2040 (TÜİK Database). Thus, even if the farthest

point of the estimated range is taken as a basis, it can be calculated that the aging rate will be less than 30 years. Given the available data (if we accept the aging rate of 29 years), it seems possible to say that Turkey will be among the countries to go through this process the fastest in the world. Therefore, it can be concluded that compared to other countries, there is little time left to respond correctly to the effects of this situation, and meet needs accordingly.

Although this macro situation, which can be observed in the general population, gives ideas about the country's position in the world, the question as to how this situation reflects on the cities of Turkey cannot be



Resource: OECD and TÜİK Database

➔ **The importance of the fact that every step taken in local policies creates a certain result in favor, or against the elderly/aging gains importance on a daily basis with their heightened visibility in the population.**

fully answered on the given basis. When looked from a similar framework in search of an answer, that is, when one looks at the settlements that reach, or go beyond the elderly population rate of 14%, which is the upper threshold used in the calculation of the aging rate, a striking view emerges. In Turkey, there are 922 administrative districts legal entities in total. The elderly population of 499 of them is over 14%. In other words, it can be said that 54.1% of all districts host an elderly population above this rate, which is the threshold of the aging process (TÜİK, 2020 and Ministry of the Interior). While districts are frequented areas for people living in the rural where interactions are experienced and needs are met under the headings of health, nutrition, economy, trade, etc., for those living in the city, they are life spaces where almost all routines of everyday life take place. The importance of the fact that every step taken in local policies creates a certain result in favor, or against the elderly/aging gains importance on a daily basis with their heightened visibility in the population.

Especially with the changing structure of local administrations and the expansion of their areas of responsibility, we can see

the products of urban policies that directly target old age, or aging. In the second part, we will make a general assessment of this situation, and try to discuss the subject with selected data and policy topics.

Home-Based Urban Policies

According to the Research on Aging Imaginations and Practices in Turkey (2019), the time spent at home increases with age. Women over the age of 65, in particular, spend more time at home than men. 81% of women rarely leave the house. Considering the spatial distribution of time spent outside home, it is observed that the most preferred places are street markets and market places, coffee houses, green areas, parks and places of worship.

According to the Konda Old Age Report (2020), the elderly most frequently meet with neighbors and other residents in their respective neighborhood. While the rate of those who state that they stay at home when asked what they do on the weekend ranks first with 67%, visiting family and relatives are the second most frequent activities with 29%, and going to the parks and the waterfront are the third most frequent activities with 19%.

Whether attachment/dependence to home is a choice, or a necessity is an important issue which needs to be discussed broadly with its known and unknown reasons, and whose origins require examination. However, it would be useful to reveal some data so that this is not interpreted within the scope of the relationship between old age and disease, or old age and disability, which is often presumed as such. According to this study with a target group of people aged 65+, while 84% of the elderly state that they can act independently, 8% state that they can do this with the partial help of others, and the remaining 8% state that they are fully dependent on others (Uluocak, Aslan, Gökulu, Bilir, 2013). According to the results of TÜİK's Turkey Health Survey (2019), the rate of people aged 65+ who have a difficulty in getting into, or out of bed, or sitting on a chair is 20.6%, while the rate of those who have a difficulty in getting dressed and taking off their clothes is 19.6%.

Based on both observation and data, it is possible to state that some domestic services are provided by local administrations. According to a research, it can be observed that the social policies offered for the elderly on a provincial basis in Turkey are mostly within the scope of domestic affairs. Accordingly, 27.5% of provinces in Turkey

offer home care services, 21.3% provide home cleaning services and 18.8% provide personal care services (Ceylan, Ayar, Günel, 2015).

In our study carried out for the 65+ Elderly Rights Association Local Administrations Elderly Services Study Group, we have examined the social service and social policy practices of district municipalities in Istanbul for the elderly. According to this study, it can be stated that out of 39 districts, 29 districts provide personal care services at home, 26 districts provide daily hot meal service to houses, and 25 districts provide health services at home and house cleaning services.²

In addition to the care-oriented services provided, some practices that support both care services and home-life should be listed here. Among these, provision of medical supplies (e.g., diapers, patient beds, walkers, wheelchairs) targeting the need for care are a type of social service that is highly preferred by district municipalities in Istanbul. In the study of the Local Administrations Elderly Services Study Group, it is stated that 25 out of 39 districts prefer this. Although there is no data on the full scope of the emergency panic button and similar studies, it can be followed on the website and various news



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clippings that local administrations provide this service under such titles as “social alarm,” “emergency life button,” etc.

Although there are urban policies that support aging in place, it can be observed that these focus more on those who cannot meet their needs independently; however, practices aimed at solving problems related to space, which is another dimension with a large denominator, are lacking. Home accidents, in particular, are a phenomenon that is frequently experienced and causes irreparable results. With the physical, social and psychological changes brought about by aging, spatial arrangements should also be changed according to the needs of the period so that they can be safe and accessible. In the research conducted in Muratpaşa district of Antalya province, levels of risk in the residences of 50+ people were measured, and as a result, it has been revealed that apartment entrances are risky, garden entrances are very risky, and bathrooms and toilets are unsafe areas.

Again, according to this research, houses of low income groups have more risk factors than those of the high income groups (Arun, 2020).

Organization-Based Urban Policies

It has been observed that places (which are known by many names such as *Yaşam Evi* [Life House], *Sosyal Yaşam Evi* [Social Life House], *Yaşlılar Evi* [Elderly House], *İkinci Bahar Kahvesi/Kıraathanesi* [Second Spring Coffeeshop/Coffeehouse], *Yaşlılar Lokali* [Elders’ Tavern] where people over a certain age come together, and various activities and psychosocial studies are conducted are highly favoured models by municipalities. Considering the existence of such centers on the scale of Istanbul, the activity reports demonstrate that 28 out of 39 districts provide services to the elderly through the use of such centers. These are spaces that have a wide coverage since they target elderly groups who can meet their daily needs either independently, or with assistance, however there are certain

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obstacles to their preferability for they offer an isolated sense of spatial organization, and problematize old age just through the selection of names for the centers. It can be argued that this model has become a target of criticism due to these problems.

Additionally, it is possible to mention services provided by organizations that are true to their names, focusing on a specific problem area associated with aging. It can be observed that the number of centers that focus particularly on Alzheimer's disease has increased over time. While in some centers there are activities whereby day care services are offered to patients, some centers also provide consultancy services on subjects that require expertise. These centers, where family members of patients learn from each other by sharing experiences, are organizations that have an important function for the target group since they create an atmosphere of solidarity.

The most common form of institutional care model, that is the Nursing Homes and Elderly Care Centers, have a long history dating back to the 19th century, and still continuing, with the *Darülaceze* (hospice) and nursing homes that opened in the early republican period. The history of local administrations in this field is also older compared to other services for the elderly. In the current institutional care

model, the central administration, local administrations, private sector, charitable foundations and associations are positioned as the main patrons in this field. In total, 451 nursing homes have a capacity of 37,423 people. While only 9.1% of this capacity comprises of nursing homes operated by local administrations, 46.8% of the remaining capacity corresponds to private nursing homes and 44.1% corresponds to the central administration. In recent years, it has been observed that the responsibility in this area has shifted more towards private establishments and families. On the one hand, the number and capacity of private nursing homes have increased. On the other hand, although the number of people receiving home care allowance has increased by 18 times since 2007 to date, reaching 535,805 people, the capacity of nursing homes owned by the central administration has increased only by 2.2 times during the same period (General Directorate of Disabled and Elderly Services, 2021).

The extremely limited capacity of institutional care can be explained by the fact that people do not prefer the institutional care model; children (especially daughters) are expected to meet this need due to cultural and gender codes, and the burden on public administrations is heavier compared to the home care model. On the other hand, when analyzed

comparatively, while the OECD average rate of institutionalized care recipients among those aged 65 and over is 4%, only 0.47% of 8 million elderly people, that is, approximately 5 out of a thousand people have the opportunity to stay in a nursing home when all capacity is taken into account in Turkey (OECD, 2013). Experts who provide consultancy support in the nursing home placement process state that only a small number of public nursing homes are high in demand due to their affordable prices, location in the center of the city, or in areas that people do not consider as “far off” from their everyday living spaces. Demand for these nursing homes is so high that sometimes people have to wait for 5 to 7 years in order to find placement (65+ Elderly Services Study Group Meetings). Therefore, rather than simply suggesting that nursing homes are not preferred, it would be more accurate to argue that some nursing homes are preferred more and others are preferred less. Moreover, studies have shown that people living in cities are more likely to prefer staying in a nursing home, and the preference for staying in a nursing home increases in direct proportion to education levels (Research on Family Structure in Turkey, 2011). Considering that a more educated urban population is aging gradually, it can be said that there will be an increase in the demand for nursing homes.

Considering the dominant life preferences of the elderly, such as home, city centers, green spaces, neighborhood, and immediate social environment as discussed in the previous section, and the conditions for creating an appealing institutional care model, it can be derived that it would be important for local governments to expand their areas of responsibility within the given context.

Elderly Poverty and Urban Policies

Turkey has a 17% elderly poverty rate, which is higher than the OECD average of 13.5% (OECD, 2019). Additionally, poverty rate of the general population in Turkey was calculated as 21.3% (TÜİK Income and Living Conditions Survey, 2019).

In accordance with the law number 2022, direct income transfer to the elderly is made by the central administration. In order to benefit from this wage, which is referred to as an old-age pension, the condition is that the income per person in the household should be less than one-third of the minimum wage. According to the data of the General Directorate of Disabled and Elderly Services (2021), 820,933 people benefited from this pension in 2020. Currently, the amount of old-age pension is approximately 820 TL per month. Although it is based on application, the fact that more than 10% of



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the elderly population benefits from this wage is the indicator of a serious poverty problem. Taking into account the economic developments in middle and upper-income countries over time, the World Bank has diversified the absolute poverty line of 1.9 USD, which it uses globally, to 3.2 USD and 5.5 USD. Finally, taking into account the criticisms about the inadequacy of a monetary poverty definition, it has developed the multidimensional poverty index and poverty indicators (Arabacı, 2019). Based on the 3.2 USD applied by the World Bank for middle-income countries, the old-age pension is almost equivalent to the poverty line and below the poverty line of 5.5 USD during the writing process of this article. When this situation is considered together with the data that 33% of single person households are elderly, and 75.3% of this rate comprises of women, it can be said that the problem of poverty is particularly heavier for elderly women living on their own.

When the social aid services provided by local administrations are considered, it is possible to see that although the number of

urban policies in which the target group is directly determined as poor elderly people is limited, these services are widely applied in general. It can be seen that each of the poverty measurements applied here differs, that they are mostly based on indicators related to income and owned goods, and even that many municipalities accept the limit of 1/3 of the minimum wage adopted by the central government. Since it is a well-known fact that poverty is a precursor to many other problems, an effective solution to this problem can prevent many other potential problems. One primary step to be taken for a solution as such is the development of original scales that embrace local differences by benefiting from national and international developments.

In Lieu of Conclusion

Turkey and its cities are aging rapidly. More and more cities exceed the rate of the elderly population of 14%, which is the last threshold of the aging rate process. While some of these cities are sparsely populated with rural characteristics, some of them are densely populated with a certain potential for receiving migration.

... It can be deduced that urban policies devoted to this area are mostly home and organization based policies, and that the elderly who are more in need of care are targeted. This may create a situation whereby policy makers both perceive the policies covering the aging period as care policies and contribute to their general perception as such.

Furthermore, it is possible to mention many geographical, cultural and social differences. Although the social structure presents some clear outlooks, personal advantages and disadvantages make old age a process that is uniquely experienced.

In order for the urban policies to respond accurately to the aging process, it will be useful to summarize the issues some of which are discussed in the article and to draw attention to certain topics in this section. First of all, developing an awareness with respect to the demographic transition and figuring out potential scenarios can be a starting point.

The rapid aging of the group for whom service is provided will bring about many changes alongside chronological ones. It can be deduced that urban policies devoted to this area are mostly home and organization based policies, and that the elderly who are more in need of care are targeted. This may create a situation whereby policy makers both perceive the policies covering the aging period as care policies and contribute to their general perception as such. It can be argued that the use of the

term “old” may connote “need for care” and lead to misunderstandings, and that the selective and purposeful use of such terms as “individuals who are aging with experience” in defining the elderly and old-age will determine how urban policies on old-age/aging are going to take shape. This process should neither be confined to a narrow area by focusing merely on a series of disadvantages and negativities, nor should it be made incomprehensible and complex by attributing it merely to people and differences. Needs should be made clear through the identification of certain similarities and differences.

In addition to these, it should be reiterated that existing urban policies are in need of certain improvements. While home-based policies may have a supportive effect on the process of aging in place, it is also important to emphasize that the home, as another actor, should have a safe structure that can help meet needs. Studies can be made on how the space can be transformed within the framework of specific needs and how potential risks can be eliminated. Despite the increasing responsibility on

the market and family for nursing homes and care, the existence of public nursing homes, which are in high demand, indicates a substantial public need. For this reason, the spaces that local administrations will create in order to meet this need should have preferable spatial characteristics as well as a public character. Although poverty experienced in old age is one of the important problem areas, the way in which intervention methods define poverty is an equally important issue. For the solution of this problem, apart from assigning certain monetary limits, definitions should be made by way of more comprehensive analysis, and intervention plans should be developed in line with these analysis.

Finally, it is necessary to mention a global effort known as Age-Friendly cities in which cities partake with the purpose of developing and disseminating more inclusive policies in the field of old-

age and aging.³ From Turkey, a total of 4 municipalities (Mersin Metropolitan Municipality, Muratpaşa Municipality, Kadıköy Municipality and Beşiktaş Municipality) including one metropolitan municipality and three metropolitan district municipalities have joined this network. Although the willingness of municipalities to be involved in this process is a positive situation, considering that more than half of all districts have an elderly population of over 14%, the participation of more local administrations in this global effort is important. Another important point to be mentioned is that participating municipalities in the network transparently share the implementation plans of the continuous improvements they promise and report the steps they take in this direction. In this way, the effort here can become more visible and observable.

NOTES

1. In this study, the term “elderly” is used to denote people over the age of 65, while “old age” refers to this age range.

2. The study has not been published. This study was carried out in 2018 for up-to-date data was needed during the preparation phase of the Elderly Services Study Group. The data was obtained from annual reports, official website, media scanning and by getting information from the authorities.

3. With the aging of the global population and increase in the population living in cities, Age Friendly Cities Network was established by the World Health Organization (WHO) in 2010 to promote active and healthy aging and the full participation of the elderly in all aspects of life. Currently, 1114 cities and communities from 44 countries are trying to create age-friendly cities as part of this network. While the condition of being an age-friendly city is not required for participation in this network, it is necessary to make a commitment to continuous improvement under the following 8 headings, which are determined after participation so as to provide the welfare of the elderly and their participation in society. (<https://extranet.who.int/agefriendlyworld/>, Accessed on 22.9.2021).

- “Accessible and affordable” **Community and Health Services**

- “Accessible and affordable” **Public Transport**

- “Affordable, well-designed and safe” **Housing**

- **Participation** in “social, cultural and spiritual activities”

- “Safe pedestrian, safe environment and safe” **Open Spaces and Buildings**

- **Respect and Social Inclusion** “For an inclusive society”

- **Civic Participation and Employment** “For lifelong contribution to society and development”

- “Accessible” **Information and Communication**

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