

Sources of social support of elderly immigrants and their effects on psychosocial functionality

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Abstract

In the changing and developing transforming social structures, the demographic structure is changing; the elderly population is increasing with the reason of development of technology and extension of human life day by day. 'Aging' which expressed as the process which from starting to ending of the live, may confront individuals with new problematics. Definition of 'elderly immigrants' emerges with the immigration case get involved to process too. Individuals accumulate to social capital during their lives; being 'I, we' with this accumulation of social capital; see themselves as a whole with their environment. Especially elderly immigrants, cannot aging in these accumulation social networks; they face with the issues not only posed by aging but also being immigrant as well. In this article, the concepts of aging and agedness, theories of aging and definition of elderly immigration are examined in the light of the literature reviews. In addition to these studies, sources of social support of elderly immigrants to psychosocial functioning effects are get discussed; evaluation is done in the terms of old welfare and suggestions are presented.

Keywords: Old Age, Elderly Immigrants, Social Support

1. Introduction

The modernization of the society increased and demographic change increased with it as well, because of the quantitative increase in the income and qualitative increase in health and education services. This situation increased elder population and also augmented problems like related with economic, social, social security and health (Kalinkara, 2014, p. 72).

Developing countries try to prevent population growth and create population policies in this context. Population growth is seen as an obstacle before development, therefore it is attempted to change. As a result of this, new needs reveal for elderly and new social welfare policies have been tried to create and apply (Emiroğlu, 1995, p. 14). In the changing and transforming new socio-cultural, economic and politic structure, new problems occur. In this structure, household compositions also change; that structure makes more visible of social change.

As shown at table, while the process of the rural-urban migration changes family structure to Nuclear Family, Broken Family structure also increases. It's assumed that, population who come to cities are generally young population. Elder people who live in rural areas sometimes come to cities for the purposes like taking care about grandchildren and than settle the cities. It would not be wrong the say that, losing the status of the elderly decreases with that kind of situations that younger generation seeks help from elders.

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Percentage distribution of the household compositions years between 1968 and 2008 shown below (Yavuz and Yüceşahin: 2012, p. 85):

Table 1. Percentage distribution of the household compositions years between 1968 and 2008.

Years	Family Households			Non-Family Households	Total
	Nuclear	Temporary Extended	Patriarchal Extended	Broken	Total
1968	59,7	13,1	19,0	8,3	100,0
1978	58,0	14,6	19,3	8,1	100,0
1988	63,4	11,2	14,3	11,1	100,0
1998	68,2	9,1	10,4	12,3	100,0
2008	70,3	7,4	8,0	14,3	100,0

Despite of perceptions of the aging change in societies, old ages may be seen as “indulging” period with reasons like changes between roles, life activities from active to passive, some discomforts related with physiological decline etc.

2. Aging and old age: A conceptual overview

An opinion that world population become old in growing rapidly, grow up everyday. Kalinkara (2014, p. 111) described aging as: “An on-going and universal process that seen in each live causes decrease in function. “Aging” can be described as, structural and functional changes at molecule, cell, tissue and organ in body, which is irreversible as well.”

While aging defines process from starting of the life and ending –death-, old age is one part of the human life like infancy, childhood, youth and adulthood.

Despite of sometimes aging and old age detect as the same, they represent different concepts. Aging, which defined as “social category” by sociologists, grouped as followed: While *chronological aging* emphasizing aging is an inevitable process in the life, *biological aging* expresses functional changing process about body. *Psychological aging* also occurs because of the chronological and biological aging make mental functional reductions and adjustment disorders related with those factors. Additionally, *economical aging* related with the decreasing productivity of the people. Finally, *sociological aging* refers all of the aging factors with social norms related with aging (Doğan, 2014, p. 22-23). It will not be wrong to say that all of that processes interacting with each other and intricate structure. Old Age that compound of all of these processes and expressing factual status of the aging process also has different theories related with it.

3. Old age theories and elderly definition

Emiroğlu divided old age theories as biological theories and social theories. Physical and chemical changes in the cells stay in the roots of the *biological theories*. On the other hand, *social theories* investigating social processes of the aging like activity theory, disengagement theory, losing role theory, exchange theory and continuity theory (Emirgölu 1995, p. 22-29).

The reason behind taking the subject in social term and social theories related with the old age described as follows:

Activity Theory: For this theory, previous life style, health level and socio-economic status of the older affect activity level. When this level reaches active, harmony of the old actualize better (Kalinkara, 2014, p. 27-31). Activity theory, which describes perception related with individual

is parallel with the activities, may be considered as the direct opposite of the disengagement theory.

Disengagement Theory: According to Cumming and Henry (1961), individuals that adapted being old, easily accept breaking of and decreasing their connections with life and adapt changing without any reactions (Emiroğlu, 1995, p. 27). As like described at disengagement theory, it is arguable expression that old age brings with withdrawal from life, getting isolated from society and individuals accept that situations more easily when nowadays theories are taken into consideration.

Losing Role Theory: Individuals continue their lives under the many roles like being child, sibling, spouse, mother-father, student, manager, grandmother- grandfather. Also there are tasks that expected from status and their behavioural patterns.

While elders socialize via new tasks and responsibilities return of the old age, they can face with difficulties related with this situation. Because of becoming more passive and having role that contains more dependency and losing some roles make hard them adapt to being old (Doğan, 2014, p. 25).

Exchange Theory: According to that theory increasing modernisation also increases value lose of the social status of elders. This theory is also known as modernisation theory.

In developing societies, technological growth rate is not direct proportional with what the elders can. In changing social structure, knowledge and experience of elders see lesser value (Kalınkara, 2014, p. 34-35).

Continuity Theory: Last theory that related with the old age is continuity theory. According to Atchley (1972) continuity theory expresses that: individuals become a part of their personality structure while their adult period and they try to protect their integrity when they become old (Emiroğlu, 1995, p. 28).

In their life transition periods –like retirement-, if individuals maintain their behavioural patterns, these part pass less problematic and their old lifestyle patterns also get protected (Akçay, 2011, p. 60).

At 1880's Germany, Otto von Bismarck designed minimum age in order to gaining social securities and this age determined as 65. After Bismarck set these rules, World Health Organisation reported 65 age as a first step of being old in publishing at 1989 (Doğan, 2014, p. 21). There are different approaches and definitions in the context of old age. That can be explained different definitions of the old related in the light of that approaches. It is arguable subject that how is possible to define being old because old age is a process which progress slowly. All of these different definitions share that 65 is the determinative step for defining old age.

While Shakespeare defines old age as a period that physical disabilities come up, mental functions decrease and change in perceptions and behaviours; Goethe describes old age as a period that experiences are at the highest level and states that people who adapt this situation well become active in this period (Kalınkara, 2014, s. 6-7).

When analysed the ratio of 65 years old and older people to whole population, this ratio equals 4% in 1965, 4.4% in 1970 and 4.7% in 1980. In 1990, ratio of old population to whole population decreased to 4.3% and increased to 6% in the beginning of the 2000's (Sezal, 2001; Karataş and Duyan, 2002, p. 78). According to TUIK 2014 this ratio reached 8%. In the light of the ratios, it

is possible to say that, because of the fact that the scientific and technological improvements increased human life and quality of life, old population increase.

Because of the shrinking family structure, old people decide to spend their time in care facilities. For the people, who do not decide to stay in the care facilities, social support facilities become more popular in these days. The purpose of these facilities is improving elders' environmental relationships which decreases, and encourages them to attend social and cultural events (Kalınkara, 2000; Karataş and Duyan, 2002, p. 79).

Old people face with the problems with their families like close-away, dependent-independent and togetherness-separation. In addition, they have housing problems, retirement and working problems and physical and/or mental health problems because of increasing in urbanization and decreasing income in old ages problems (Emiroğlu, 1995, p. 37-42).

Goodstein summarise difficulties that elders experienced as social, psychological and biological stresses and specified that these difficulties in the nested structure. While *social stresses* include logistic stresses, stresses which are derived from discrimination, related with family etc.; stress sources like excessive ownership, being uneasy, being in panic, feeling anxiety etc. create *psychological stresses*. On the other hand, *biological stresses* occur from problems like physiological aging, loss of sensory organs and aging sexual power. In all of these stress sources, most powerful feelings that affect old people are loneliness and abandonment. Old people that become away from family environment and work life simplify their social networks after certain of time and that situation affect them in negative way (Koşar, 1996, p. 6-9).

According research findings that founded by Karatas and Duyan at April 2002 in Kocatepe Elder Cooperation House in Ankara (Kocatepe Yaşlı Dayanışma Evi-Ankara) with 285 people, despite of 88.5% of old people have at least one child in Ankara, 31.1% of old women and 2.6% old man live alone. 61.1% of old people defined that they face difficulties in daily life and 81.1% of them explained they expressed migration experience (Karataş and Duyan, 2002, p. 80-87).

4. Migration fact in old age and elderly immigrants

Migration may be defined conceptually as, not only to individuals or societies go or move from one settlement to another because of economic, social and political causes, but also emigration and immigration (Türk Dil Kurumu, 2012, p. 555). Migration is the term that, people's movement to another place for the reasons like economic, politic, social and individual bases rather than travel and trip.

According to International Organisation for Migration 2010 report, number of immigrants was 214 millions in 2010 and it is assumed that this will reach 405 millions in 2050 (International Organisation for Migration, 2010, p. 29). In context of these increasing numbers, reasons for migration fact, migration models and approaches should be understood.

People or societies, perform *forced migration* because of the reasons like danger of death, torture, restrictions on personal liberty, using the power of official authority and fear of punishment; at the same time, they perform *willing migration* for the reasons like better future imagination, better economic standards, access better resources and increase living standards (Doğan, 2014, p. 8). At this point, it is possible to say that, driving factors that partially constituent forced migration and attractive factors that creates voluntary part create 'necessity' because of it brings about pushing individual to new life conditions.

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According to Office of the United Nations High Commissioner for Refugees, Syrian immigrants in Turkey reached more than 500.000 in 2013. Except Syrians, there are 19.203 immigrants and 13.703 defectors, in total 32.906 live in Turkey at 31 January 2013 and that number increased to 36.714 at the end of the June (Kartal and Başçı, 2014, p. 285). Despite of there is not enough information about elderly immigrants in Turkey; it is know that there are old immigrant population who live in Turkey as well.

According to Berlin Statistics Ministry 31 December 2013 data, 65 and more years old immigrants in Berlin equals 16.044 people (Doğan, 2014, p. 47). This statistic that only defines Berlin part of old immigrants shows how these numbers are high that can not be underestimated.

Migration is the risky experience that constitutes negative affect on many adults, teenager, children, women and men. Changes in social support networks, socio-economic status, interpersonal relations and cultural have changeable affects on immigrants. While young immigrants are more flexible to adapt new languages and cultures, old ones can not handle that easy and face with difficulties if they have weak social support networks (Lee, 2003; Çetin and Uysal, 2013, p. 193).

After talk with 20 Turkish immigrants in Germany related with old ages about them, Doğan (2014, p. 110) found that; main reason about to not thinking go back to Turkey in their old ages is their children and grandchildren that live in Germany. Also loosing relationship with their relatives in Turkey is another reason to not go back.

Migration may cause to face with difficulties for elderly implicitly. As Kalınkara (2014, p. 212) specified that migration increases poverty. Furthermore, because of the young population immigrate from rural to urban areas, disrepair old people become alone in rural.

When considered from this point of view, migration cause for poverty so migration make people more vulnerable groups and make old people to face difficulties in different perspectives. When young population immigrate from rural to urban areas, elderly people can stay away from social support sources. Also, when elderly people immigrate to another place, they cannot reach to social support sources to their new settlements.

5. Sources of social support of elderly and their effects on psychosocial functionality and evaluation about elderly immigrants

When looking at the terms of “health that is possible with wellness of physiological, psychologic and social terms”, old individuals physiological and psychologic health problems are natural results of being old, social relationships, which are important part of their health, are open for improvements and functionality protected. In order to understand how this protects can be provide, it is necessary to make sense of social support term.

According to Cobb (1976, s. 300) social support is canalize and help people to believe for give information about the point that he/she likes, loved, respected and have mutual liabilities.

Social support definition may be divided as two categories. *Objective Social Support* actually includes those from people and responsible from those. *Subjective Social Support (Perception)* is related with more the relationship between health and goodness rather than individual beliefs and objective measurements related with current support (Seeman and Berkman, 1988: Kahirunyaratn et al., 2007, p. 937). Different perspectives are considered to measure social support which is divided two as objective and subjective by Seeman and Berkman.

Orth-Gomer and Uden examined common bonds of measurement tools that aim to include social support dimensions in their studies. They express that, these measurement tools includes terms like physical help, material help, informing and giving feedback, a sense of belonging, become part of a group, strong ties and enough social relationships (Işıkhan, 2007, p. 20). While belonging is emphasised in tools of measurement, this social relationship network should far away from dependency.

Elderly individuals like to have relationship with people who do not compromise their independence. To hold control in the life and be active to contribute is their wishes. In tis context, it became a support network for old person to create communication with devicies like mail, phone etc. in order to protect their independence (Koşar, 1996: p. 62).

Emiroğlu (1995) look at social harmony for 120 people that live in two government instutions in Ankara and 26 people that regularly visit Old People House (Yaşlılar Evi) in total 146 old people. In this research, 9.2% who stay in these institutions are married, 15% of them are single and 75.8% of them are widowed. In these old people, 66.1% have children; 27.3% of them often, 58.4% rarely and 14.3% never see their children. They told that, 33.3% they never get visited from relatives and 52.6% never get visited from friends. Despite of old people that they meet with their children more frequent than others have more compliance score, it is not found significant in terms of statistics. Old people who see their friends also have significant high compliance score people do not see.

In the same reseach, when interviewing with 26 old person that regularly visit Old People House, it is found that, 76.92% are married, 69.23% live with their spouses, 3.84% live with their spouses and children and 26.92% live alone. While 35% of old people told that they see their children often, 60% of them told they see their children rarely and finally 5% of them told they never see their children. Percentage of people that get visited from their relatives is 88.46% and percentage of people who get visited from their friends is 69.23%. In social cohesion base, these people have significantly high social cohesion than people who stay in institutions.

In the light of all of these statistics, it is seen that, old people who stay in care institutions face with more social cohesion difficulties than old people who live in their environment and visit institutions in order to attend acitivities. In addition, friend visits affect social coherence more than relative visits. It is determined that, old people who see their children, relatives and friends have social support sources, active networks and more social coherence.

Different service models get improved in order to satisfy social support needs for old people. Life Support Center (Yaşam Destek Merkezi), that founded in 2011 within Life Support Center Project (Yaşam Destek Hizmeti Projesi) constitute structure that gives social support. In this model that gives electronical support for patients in need of care and people who has cronic diseases, there are different services like remain medicine time for patients, reach old people in every conditions with emergency buttons that created like bracer and neckless and help people to find themselves from satellite. This center got 30.753 calls in 2011 and 38.633 calls in 2012 (Cağlar, 2014, p. 153-155). In just Ankara province 1377 subscriber of this electronical support center shows how the social support need is big.

Old individuals get negatively effected if do not meet in these situation that needs social support. According to Kosar, most negatively factor that effect old people is social content losses that they experience dies in their close environment, leave their physical environment and houses and

lost family support (Koşar, 1996, p. 10). Human being who is social existence get negative effect in psychosocial functionality from reduction by the by in social support sources.

Many old people in rural areas prefer to “get old in place” and live their rest of life with social environment that they get used. However, increasing dependency of old people starts to make them to move away from social environment that lived (Kalinkara, 2014, p. 220-221). In this context, increase life quality and support maintain the independence will make them to live near social support sources. Because of it includes memories and experiences, places that living and got used help to create ownership and confidence and these feelings may strengthen harmony and psycho-social functionality.

Size of the social networks of the old people and characteristics of their social supports also facts that help them to adaptation of old age, get their independence and cope with diseases (Özer and Fadiloğlu, 2006: Çetin and Uysal, 2013, p. 193). In this point there is a fact that needs to get attention and sorting:

Social network and social support express two different concepts. While social network defines social relationship network around person and features of this network, social support describes economic, emotional and sensory help and support that provided from that networks. Social networks that located around old person (spouse, family, friends etc.) provide effective support to people and increasing morale, feeling respected, development for dealing with stress and life satisfaction occur with this support. Family support to old people helps them to handle with chronic diseases, and maintain independence (Kalinkara, 2014, p. 171). In this context, it may be possible to individuals to fulfill their functions themselves and become strong and present in psycho-social perspective with increased social support sources and take action.

Park and Roh (2013, p. 107) determined in the research with 207 Korean elderly immigrants in New York that, social support and daily spiritual experiences are helpful sources to decrease depression and deal with it.

Tsai and Lopez (1998) conducted similar research with old Chinese immigrants that live in United States. Researchers (1998, p. 78) identified five different social support categories. These are: Small family that formed by parents and children and grandchildren, extended family that formed by siblings, cousins etc., friends and neighbours, social work institutions, Chinese club and foundations and religion groups.

In the light of the research, they discussed with 93 old immigrants and found that 90% of them do not want to live with their children because their children are so busy and need their parents and relatives in order to take care about grandchildren. Despite of that, children (self or step) came up with strongest social support source and it is expressed that alone old immigrants are not enough to reach social work institutions and cannot use enough social support sources (Tsai and Lopez, 1998, p. 90-91).

Essentiality and vulnerability of social support for elderly people become laid before our eyes. Negative effects that occurs because of being immigrant (away from culture and places that grown up, language barriers etc.) make old immigrants to face bigger problems than old people.

As shown in research findings, fundamental support system of the old individuals for psychological and social terms is family. Individuals prefer to stay in their houses but get in touch with their close environment and get support in their aging stage, which pass through dependency from

independency (Kalinkara, 2014, p. 162-163). Fulfilling that need sometimes happen spontaneously for old immigrants and there are factors to facilitate this situation.

In immigration from rural to urban, ‘the first immigrants’ accept as like natural duty to do for next immigrants not only help for find temporary house and shelter but also find job, housing etc. subjects (Kartal, 1978, p. 143). These situations that social support sources become naturally active should be empowering with necessary interventions, at that point, social work science and profession, which aiming at social welfare, should carry out work.

6. Evaluations and suggestions in terms of elder welfare

International Federation of Social Workers (2014) described social work as: “*Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.*” In this description, it is emphasised about social inclusion and connective and social loyalty effect of social work. It is easy to be understood from this description how important is to actuate social support sources for social work.

Elderly welfare is one of the important areas in social work science and profession that focuses on individuals and aims solutions of social problems, individuals live decent and based on human rights. Elderly welfare become more important in today’s society that individualism increases, family structure become smaller –nuclear families become broken families- also because of the old population increases.

Despite of old age is the fact the always presents, thanks to the science and technology, human life started to lengthen and old population started to increase. Old age fact began to emerge as a social problem because of changed family type, socio-culturel, economic and demographic transformation.

Froggatt is specified the five objectives for (1990) social workers that achieving speciality in the field of elderly welfare (Koşar, 1996, p. 30):

- 1- Explain the meaning of dependency of families that on last days its lifetime and working on this context,
- 2- *Working on social support*, being skilled in this context and sharing liability with systems that created by these sources.
- 3- Being skilled for intervention methods.
- 4- Giving education to people who supply services to elderly.
- 5- Doing a work against to discrimination on old-aged.

In parallel with these five objectives, Giray and others (2008, p. 83-84) emphasise importance of social works aimed at implementation: protective, constructive, curative, relieving services for old-aged; they underline the necessity for these services also must be integrated. Services that will be provided to old-aged must include families too, and must being harmony with cultural

substructure. Older than 80 years, not social securited, having lack of housing conditions, social limited people must be primary benefit from these services.

Koşar (1996, p. 16) also underline the support systems; and he underlined that social services not only act at crisis period but also should help formation 'support systems' for relieving and avoiding crisis. With growing this conscious it is understood that activating family and social support sources is necessary instead of securing old-aged people in residential home. In this way elderly people can overcome their problems without isolating and getting far from social environment and support sources.

While these support systems provide practical helps to the elderly in their daily life works, also adapt these people at social order, and acquire awareness of being 'us'. These social support networks which make feel prestige, individuality get support on healthy and functional aging of the elderly.

Social support sources stand more critical point especially with regard to old-aged immigrant, functionalize and empowerment relatively more important for this group of people. Within this context the steps should be done are below:

- To provide doing proper physical exercise of elderly, to direct them to proper sports, to help them getting new social environment are very important according to feel themselves functional and spry. According to Emiroğlu (1995, p. 62) regular physical activities are protective for diseases and also be positive effect on psychologic status, in the long-run physical activities decrease middle level depression.
- Activities and hobbies should be organized for their free time. Group activities will bring them new social environments and give them opportunity to evaluate their free time that parallel increases with aging.
- Self-help groups create important work topic from the point of providing social support (Koşar, 1996, p. 73). For politics and plan integrity, Marshall (1990) underlined that providing social support to the old-aged, voluntary work and creating self-help groups and developing their sources are necessary (Koşar, 1996, p. 23).
- Maintaining current relationships with other people and creating new relationships will protect individuals against fell alone and feel social isolation.
- It will be wrong to perceive that sexuality, which is the lifelong, need to end in old ages. It is necessary to work on misconceptions about this subject and help elderly to express themselves and consult experts if they will face with problems.
- Language problems of elderly immigrants should be solved and service models should be created for them. Additionally, new problems that are brought by migration should be took care in old people base; problems of old immigrants should be get more visiable and intervation plans should be created with it.
- Living in the past may create sets between old people and their young social environment. In this context, it is necessary to do not let to live them past to harm today and create that sets.

Kutsal (2011) discussed 'well-being' of old people in five different aspects. These are: *physical well-being* that includes balanced diet and regular physical activities, *spiritual well-being* that

means having one aim and ethical value, *mental well-being* which covers problem solving, creativity and open for learning, *social well-being* that includes good communication and interaction with society and environment and finally *emotional well-being* that means understanding opinions and being balanced in emotional base.

These well-being statements may affect each other in positive and negative ways and in a nested structure. It is not wrong to say that, because of the fact that the elderly immigrants are far away from the places that they born and grow up it is possible that they get deprived from these well-being statements, especially social well-being.

- In the point of the high life satisfaction and wellness of old people, their relationship and interaction with social environment need to be not ignored, social support sources and network should be stronger in order to help them to live in decent.
- Planned facilities should not snatch old person from home and social environment all the way. Institutions models that create social environment for old people and do not includes just physical care should be developed and social support sources should get activated in interventions.

Social support needs to disregard in order to not let them to face with social exclusion, help them to live in dignity and become functional in psychosocial base for elderly immigrant, which are a vulnerable group. Social support also has important effect against the social exclusion and social isolation.

Individuals save social capital during their life, become “I, we” with that capital and see themselves as the whole. Even sometimes individuals need to lose their cognitive relationships with their social environment because of pshysiologic problems, they exist with their environment. Social work science and profession, which focus on “individual in environment” and based on ecological approach and system approach, advocates that psychosocial functionality may be enable with social support.

According to Froggatt (1990), if there is open communication between social support network members, information exchange is provided between each other and supported people. These support networks happen as a result of social interaction. In this contex, it is possible to talk about facilitation rather than contribution of social worker. Naturally, on the social support network that happened, social worker undertakes conciliatory, connective and informative roles (Koşar, 1996: p. 73).

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