

INVESTIGATION OF THE SOCIAL POLICIES IN TERMS OF ELDERLY HEALTH

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Abstract

Many countries in the world are experiencing rapid demographic change with the aging population. As in the rest of the world, Turkey has also been experiencing the transformation in the structure of the population depending on the developments in the field of health. Since demographic aging affects many health, social, economic, and family-related factors, it necessitates the development and implementation of policies to meet emerging needs. This rapid change in the world and in Turkey does not leave much time for nation states to act against the consequences of this situation. In this review, it was tried to draw attention to the importance of the issue and to raise awareness by reviewing and critically evaluating health and social policies with the current changes from the past to the present in Turkey regarding the aging population.

Despite the rapid increase in aging population in Turkey, the implementation of social policies for the elderly is insufficient. For this reason, there is a need to increase, improve and develop institutional care services for the elderly and to overcome the health problems there is a need to provide services by health professionals whose expertise is elderly. In addition, it should be ensured that the rapidly increasing elderly population is integrated into the society and positioned as active individuals contributing to the society to eliminate their invisibility in the private and public spheres, and that educations preventing negative opinions and behaviors in the society against elderly reach wider masses.

Keywords: Social policies, Elderly, Health, Sociology

YAŞLI SAĞLIĞI AÇISINDAN SOSYAL POLİTİKA İNCELEMESİ

Öz

Dünyadaki birçok ülke, nüfusun yaşlanması ile hızlı bir demografik değişim yaşamaktadır. Türkiye de tüm dünyada yaşandığı gibi sağlık alanındaki gelişmelere bağlı olarak nüfus yapısındaki dönüşümü deneyimlemektedir. Demografik yaşlanma sağlık, sosyal, ekonomik ve aile hayatı ile ilişkili olarak pek çok unsuru etkilediği için ortaya çıkan ihtiyaçları karşılayacak politikaların geliştirilmesini ve

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uygulamaya konulmasını zorunlu kılmaktadır. Dünyada ve Türkiye’de yaşanan bu hızlı değişim, ulus devletlere bu durumun sonuçlarına karşı önlem almak için çok fazla zaman bırakmamaktadır. Bu derlemede yaşanan nüfusa ilişkin olarak Türkiye de geçmişten günümüze güncel değişikliklerle birlikte sağlık ve sosyal politikalar gözden geçirilerek ve eleştirel biçimde değerlendirilerek konunun önemine dikkat çekmeye ve farkındalık yaratmaya çalışılmıştır. Türkiye’de yaşlı nüfusun hızla artmasına karşın, yaşlılara yönelik kurumsal bakım hizmetlerinin artırılmasına, iyileştirilmesine ve geliştirilmesine ve sağlık ile ilgili yaşanan problemlerin üstesinden gelinebilmesi için uzmanlığı yaşlılık olan profesyonel sağlık çalışanları tarafından hizmet sunulmasına ihtiyaç duyulmaktadır. Yani sıra hızla artan yaşlı nüfusun topluma entegre edilmesi, özel ve kamusal alanda görünmezliklerinin ortadan kaldırılması için topluma katkı sağlayan aktif bireyler olarak konumlanmaları, yaşlılığa karşı toplumdaki negatif tutum ve davranışların önlenmesine yönelik eğitimlerin daha geniş kitlelere ulaşması gerekmektedir.

Anahtar Kelimeler: Sosyal politikalar, Yaşlı, Sağlık, Sosyoloji

Introduction

Although there is no universal definition of the concept of aging, scientific studies define the aging concepts and theories on a biological, physiological, and sociological basis. Those definitions generally consider aging as a process and mention about the changes in the physical and social functions of the individual in this process. After the World War II, the "baby boom" was experienced in the 1950s with the increase in the fertility rate in America and Europe. This generation, much larger than its predecessors, had fewer children as it grew up. This has led to an unprecedented aging of the population since the 2000s. In the "demographic transformation" process, which is expressed as the "global aging process" all over the world, there were 727 million individuals aged 65 and over in 2020. It is reported that the global number of elderly people will exceed 1.5 billion by 2050 and that approximately 80% of all elderly people will be in low- and middle-income countries (United Nations, 2020). According to the French Demographic Research Institute, the proportion of the population over 60 years old, which was 22% in 2004, will reach 35% in 2040. In high-income countries, increases in life expectancy are mainly due to falling mortality among the elderly. In contrast, in low- and middle-income countries, this is mostly the result of decreases in maternal and child mortality and deaths from communicable diseases (WHO, 2015).

As in all countries of the world, Turkey is experiencing a demographic transformation because of developments in the field of health, increase in life expectancy at birth, and decrease in fertility and death rates (Bilgili, 2017: 24). Although Turkey still has relatively a young population compared to other countries, the proportion of the elderly in the total population is increasing rapidly. According to TUIK Address-Based Population Registration System 2020 data, the number of individuals aged 65 and over

reached 7.953.555 and the proportion of the elderly in the total population reached 9.5% (TÜİK, 2021a). Additionally, according to TÜİK population projections, the proportion of elderly population is expected to be 11% in 2025 (TÜİK, 2021b). The United Nations states that a country with more than 10% of its population over 60 or 7% over 65 is an aging society (Pichat, 1956: 15). Therefore, according to the available data, it is understood that Turkey will take place among the countries with elderly population in the next four years.

The gradual transformation of the population structure into an elderly population affects every aspect of society, including health, social security, job opportunities and family life (Bilgili, 2017: 24). With the rapid aging of the global population, socio-cultural and economic problems such as loneliness, poverty, chronic diseases, and the increase in the need for long-term care require special social policies that address the medical care and social support needs of the aging population. However, it leaves little time for governments to react and implement political, social, economic, and health-related strategies (WHO, 2015). In this respect, while the elderly population in need of care increases, the state's shrinking in line with the needs of the neo-liberal era and the weakening of the social government role poses a problem. These problems, which are shaped by the financial burden discourse frequently expressed in economic analysis, require sophisticated solutions. According to Terakye and Güner (1997: 98) "Developing countries do not have preparations to meet the health problems of the future. However, there is a rapid social change in these countries, and some reasons such as migration to big cities cause a change in the traditional family type. These conditions make it difficult for the elderly to live with their children, resulting in loneliness and a decrease in social and economic support." Developed countries with aging populations in a longer period of time have relatively done the necessary works and regulations in line with the health, social and economic needs and expectations of the elderly and the changing needs of the society and have made significant progress in solving the problems (Bilgili, 2017: 24). High-income countries such as Japan and European countries, especially France, have time to adapt to this situation due to the slower demographic change, while developing countries where the transition to older population is faster have very limited time. In this sense, it is necessary to develop and implement the required policies urgently to handle the changes that societies will experience in the coming years in relation to the demographic transition. In the World Aging and Health Report published by the World Health Organization (WHO), it is also emphasized that the increase in the elderly population requires a radical social change (WHO, 2015). Preparing for social, economic, and health-related changes with the aging population is especially important in making progress towards achieving sustainable development goals. To the best of our knowledge, there is no current study examining social policies in terms of elderly health in Turkey. Therefore, in this review, the main social policy

issue regarding the population aging, with current changes, was reviewed: health services and care policies, socio-cultural and economic strategies regarding the aging population.

1. CHANGES IN THE UNDERSTANDING OF SOCIAL POLICY

With its most basic definition, social policy is to provide and maintain the conditions for meeting the basic needs of individuals or groups, which change from period to period, and to produce policies that include preventions and interventions for this purpose. Thus, elements such as employment, health, education, housing, and income supports, and social security are included in this policy production. Individuals or groups do not always acquire the resources by their own efforts, that affect their lives. For this reason, social policy has always been among the main problems of the governments. From this perspective, social policy is historically associated with three developments: Industrialization, capitalization, and the birth of the modern state (Vural, 2016).

With the industrialization process, there has been a transition from a self-sufficient agricultural society to a capitalist society. The people, who previously cultivated their own land, began to sell their labor for a living in the capitalist system, and this turned them into the working class. The bourgeois class, which owns the means of production, has also taken social power. The birth of the modern state inevitably took place because of industrialization and capitalization in England in the 16th century. Modern states have created bureaucracies that will control and regulate even the smallest part of the society. This is the period when the hand of the state is felt everywhere. Therefore, the main welfare provider was also positioned as the state and the most fundamental role and duty of the state was to provide welfare to its citizens in the fields of health, education, and housing, etc.

The modern state began to change in the late 18th and early 19th centuries. With the transition from liberal policies to neo-liberal politics, global capitalism has caused a change in the understanding of welfare. The control and supervision mentioned above have started to hinder the functioning of the free market economy. For this reason, the state had to shrink, which means that the state left some of its roles to non-governmental organizations or the family. Similarly, the individuality of liberalism came to the fore in the understanding of social policy and the concept of self-care citizen began to gain importance. As a result, we can say that there has been a transition from a rights-based social policy understanding to a social policy understanding based on individual responsibility. With the crisis of global capitalism in the late 1970s and 1980s, the state's sole and central element in providing welfare has changed and privatization has increased as well as shrinking. For example, family support for child, elderly, disabled and patient care services, voluntary work of non-governmental organizations,

and social responsibility projects of private institutions have come to the fore.

2. HEALTH SERVICES AND CARE POLICIES

Since most of the elderly population in developing countries live in traditional extended families in rural areas, this group of elderly population has less social, economic, and care-related problems. On the other hand, in developed countries, most of the elderly population lives in urban areas. With the transformation of extended families into nuclear families in urban areas, the shrinkage of living spaces, the greater participation of women who play the main role in the care of the elderly, economic difficulties, intergenerational conflicts, and the need for care bring along many problems, especially the problem of care (Karadakovan, 2014: 17).

The trend in social security policies in Turkey is family-centered in accordance with the global understanding, and instead of allocating a budget for care services, it is possible to increase the support given to the caregiver in the family. However, elderly care services require expertise. In Turkey, care for elderly individuals is provided by women depending on the division of labor based on gender roles in the family (Özmete ve Hussein, 2017). Non-professional home care practice instead of institutional care reduces the quality of social work and pushes women into the background in both employment and education. However, as a result of sociodemographic, cultural and economic transformations in Turkey, especially in recent years, the role of the family in the care of elderly individuals is gradually weakening. In this process, institutionalized elderly care services and state support are more needed due to the high dependency level of the elderly who need long-term care, the lack of opportunities and/or skills of family members to provide long-term care, or the absence of a family member who can provide care. (Seyyar, 2013; Özmete ve Hussein, 2017). In relation to these listed reasons, the inability of the elderly with chronic diseases to receive adequate care, treatment and economic assistance for their physiological, psychological, and socio-economic problems is an important problem that arises. All these problems make it necessary to reveal the chronic diseases (cardiovascular, cerebro vascular, diabetes, malignant and mental diseases etc.) expected in advanced age groups, problems related to institutional care and home care, and to plan early diagnosis, treatment, and rehabilitation services as well as preventive health services for the elderly (Karadakovan, 2014: 59).

The increase in life expectancy brings with it multiple chronic degenerative diseases, polypharmacy, complex treatments, difficult symptom management, various psychosocial problems and easily overlooked mental distress. These situations lead to the complexity of elderly care (Evers, et al. 2002). It is difficult for older individuals and families to manage these complex situations (Voumard ve ark. 2018; Yüksel, 2021: 152). However, it is the personal right of the elderly to live in a desirable social environment

with a high quality of life until the last moment of their lives (Yüksel, 2021: 152). Therefore, the necessity of geriatric palliative care has gained importance, especially in relation to the increase in the number of individuals living in nursing homes or assisted living facilities. Palliative care is the approach of early diagnosis, evaluation, and treatment of the physical, psychosocial, and spiritual problems of individuals and families who have problems due to a life-threatening illness, reducing pain, reducing suffering, and increasing the quality of life (Voumard ve ark. 2018). In the history of palliative care, while the target population was only cancer patients, palliative care services have also been offered to the geriatric patients in recent years. Hospital palliative care programs include palliative care consultation teams and inpatient palliative care units. Out-of-hospital community-based palliative care programs include hospice and home-based palliative care programs. Palliative care service should be provided with a multidisciplinary team approach, with the individual and family in the center, no matter in which environment it is given. With the enactment of the Directive on Implementation Procedures and Principles of Palliative Care Services in our country in 2015, the number of units providing hospital-based palliative care services has been increased. (Directive on the application procedures and principles of palliative care services, 2015; <https://khgmozellikli.saglik.gov.tr/svg/palyatif.php>). In addition, the community-based “PALLIA-TURK” project, initiated by the Cancer Control Department of the Ministry of Health in 2010, was expanded with nurses, family physicians and KETEM (Cancer Early Diagnosis Screening and Education Center) staff, and palliative care delivery was carried out through primary, secondary, and tertiary health units. (Özgül, et al. 2011). Although studies on palliative care in the geriatric population are increasing, they are not sufficient yet. In order to better meet the needs of elderly patients with many diseases, it is necessary to establish geriatric palliative care, to provide health personnel equipped with knowledge and skills, to develop service delivery according to the needs of the society and to expand it all over the world. (Erol and Ergin 2019).

The aging of the population also affects the disease profile, with a shift from communicable and acute diseases that are relatively inexpensive to treat, to chronic diseases that are expensive to manage. Therefore, many policy makers assume that population aging is associated with increased use of health services and higher health expenditures. Therefore, governments are trying to slow down the growth of health expenditures by finding new ways to finance and organize health care in the most effective ways to produce the best health outcomes (Lum and Wong, 2016). In our country, whose population is rapidly aging, action plans and policies have been produced to ensure that the elderly continue their lives in a healthy and active manner and social participation with rights-based approaches by considering the changes brought about by the demographic transformation (Özgöbek and Yazıcıođlu, 2017).

“Turkey Healthy Aging Action Plan and Implementation Program (2015-2020)” was prepared by the Ministry of Health, Public Health Institution of Turkey in 2015. In this program, basic strategies such as “(i) promoting lifelong health and healthy aging, (ii) protecting society from health risks, (iii) improving health services for the elderly and ensuring full access to health services (iv) strengthening monitoring and evaluation” and priority interventions within the scope of these strategies have been identified (Turkey Healthy Aging Action Plan and Implementation Program, 2015). The strategies included in the Action Plan are in line with the priority targets set by the World Health Organization for the years 2018-2019 at the 70th World Health Assembly: “(i) improving the quality of life of the elderly and coordinating individual-centered integrated care services, (ii) strengthening the elderly/age-friendly environment, and (iii) monitoring and evaluating healthy aging policies” (WHO, 2017). However, compared to developed countries, there are deficiencies in the implementation of the strategies included in the action plans in all developing countries, including Turkey.

The increase in the elderly population and in the frequency of chronic diseases, and the inadequacies in self-care have been risen the needs of the elderly for institutional care (Kaptan, 2013: 109). The organization of long-term institutional care services for the elderly in our country is under the responsibility of the Ministry of Health, the Ministry of Family and Social Policies and the Ministry of Labor and Social Security. The Ministry of Health is responsible for the execution of health services such as hospital and home care within the scope of institutional long-term care. The "Department of Chronic Diseases, Elderly Health and Disabled People" within the body of the Ministry of Health carries out activities such as prevention and control of chronic diseases, prevention of disability, development of programs for the implementation of elderly health services. The Ministry of Family and Social Policies, on the other hand, "General Directorate of Services for the Disabled and Elderly" is responsible for the organization and execution of long-term care institutions such as elderly care and rehabilitation centers and nursing homes (Özmete and Hussein, 2017). When the care services carried out by the relevant institutions for the elderly are examined, the institutions that provide service are as follows.

- Nursing homes, elderly care and rehabilitation centers
- Home care and day care services
- Community based services
- Elderly living homes

2.1. Nursing Homes, Elderly Care and Rehabilitation Centers

Services offered to the elderly in nursing homes and elderly care and rehabilitation centers are health care, accommodation, nutrition, psycho-social support, cleaning, and social activities. Most of the elderly prefer living in nursing homes in bigger cities for the reasons such as getting better

health services and meeting social needs. Since there are few care homes in our country, nursing homes have started to serve as care homes in time. In addition, the number of private care institutions have been increasing. However, with the increase in the number of these institutions, it is also necessary to develop them in conditions suitable for the needs of the elderly individuals (Kaptan, 2013:110).

In the Elderly Care Services Report published by the Ministry of Family and Social Policies in 2017, the elderly individual is defined as “an individual who is at least 55 years old, in need of social, physical, and spiritual support, in good mental health and in need of institutional care”. On the other hand, the elderly in need of special care is defined as “a person who does not have a contagious or disease that requires continuous medical care, and who needs the support of another person in cases that require special care such as dementia, Alzheimer, and paralysis. Besides, while the age of admission to official nursing home care and rehabilitation centers is 60, it is 55 in private centers (Özmete and Hussein, 2017). Within the framework of these definitions, admission conditions to nursing homes and rehabilitation centers are determined by the “Regulation on Nursing Homes and Nursing Homes Elderly Care and Rehabilitation Centers” (Regulation on nursing homes and elderly care homes and rehabilitation centers, 2001). However, all the elderly individuals who need partial, full or continuous care and who meet or do not comply with the conditions specified in the regulation should be able to benefit from nursing homes. In other countries, although the elderly with mental health problems such as dementia and Parkinson's receive care in health care institutions with medical care and therapy facilities, the elderly with these problems receive service in a limited number of care and rehabilitation centers in our country. However, there are very few geriatric outpatient clinics and limited-service areas of these polyclinics in the health institutions. For this reason, it is necessary to establish nursing homes for the elderly in or near hospitals, to provide living and care opportunities for them in units separated according to the health problems in these nursing homes, and to employ the necessary health professionals (Kaptan, 2013:110).

2.2. Home Care and Day Care Services

With the change that started in the 19th century in the social policy, we have seen the shrinking of the government with the policies based on individual responsibility and social policy discussions related to the understanding of "philanthropy" and doing what is good for oneself from an ethical point of view (Altan, 2006: 272). In this context, it shows that the responsibility is not only left to the government, but also moral to help people. In this framework, the care of the elderly has begun to be handled from a moral framework such as charity and tolerance for the elderly.

The scope of corporate home health care services carried out by the Ministry of Health in Turkey is determined by the "Regulation on the

Delivery of Home Health Services by the Ministry of Health and its Affiliates". In this regulation, home care services to be provided include "medical service-oriented short-term care services (generally limited to 30 days) for individuals who have difficulty in accessing health care services due to their disease and/or old age that severely impair their quality of life and who request health care services; and social care based long-term care services provided in case of need for care longer than six months" (Özmete and Hussein, 2017). These services are provided by specialist or semi-expert professionals (formal care). widerIn European countries, informal caregivers also play an important role in long-term home care. In the "Long-Term Care for the Elderly" report published by the European Commission in 2012, it was stated that institutional care and home care of elderly in Europe are of equal importance, however, these services are of greater importance for women, as women carry a higher risk of dependence in the old ages and benefit from institutional care services twice as much as men (European Commision, 2012). However, informal care given at home is seen as a woman's job with a low income and status due to the low education level of women who undertake this task and living in low-income families. In this situation, which is one of the manifestations of gender inequality, it is necessary to plan and implement the necessary improvements urgently, considering the heavy burden of long-term care. In this respect, it is especially important to be sensitive to the issues exposed to discrimination due to care responsibility and to ensure that they benefit effectively from health, education, and social assistance opportunities for those who care for their elderly relatives at home (Espen, 2009).

In addition, if the elderly in our country needs home health care and there is no family member who can provide it, external caregivers are also applied. Institutional care services are preferred if the support of the caregiver from within or outside the family is not sufficient (Özmete and Hussein, 2017). It is reported by Hazer (2007) that the elderly people who need care and their family members are left alone with their care problems, since no professional support is provided to the elderly who are cared for at home in Turkey. This care, which includes intense effort, causes health problems and family tensions can arise many times. Home care and home support services are organized and carried out by the Ministry of Family and Social Policies within the scope of "Regulation on Day Care and Home Care Services to be Provided in Elderly Service Centers". Within the scope of this regulation, home care service is expressed as follows "when the household alone or despite other supports such as neighbors and relatives is insufficient in the care of the elderly who are in good mental health, do not need medical care, and do not have any disability, it is the unit/service that carries out social, physical and psychological support services offered to the elderly with the aim of improving the living environment and helping with their daily living activities so that they can continue their lives at home". Day care services, on the other hand, are defined as "the services for healthy elderly

living at home with their family, relatives or alone, and the elderly with diseases such as dementia and Alzheimer's to improve living environment, make use of free time, help meet the social, psychological and health needs, provide guidance and vocational counseling, support daily life activities, enrich social relations by establishing activity groups according to interests, increase activities and improve the quality of life by collaborating with families from time to time” (Regulation on day care and home care services to be provided in elderly service centers, 2008). However, today there are no centers offering day care services. In addition, a service such as requesting a caregiver from the nearest nursing home in case of need for a home caregiver has just been launched. Considering factors such as the number of nursing homes, the proportion of the elderly population, and the number of caregivers, a limited number of elderly individuals can benefit from those long-term care services (Özmete and Hussein, 2017).

2.3. Community Based Services

Community-based services include support services such as food, transportation, cleaning, and daily care provided to both the elderly in need of long-term care and those who care for them at home (European Commission, 2013). In terms of community-based care services in our country, municipalities in local governments are assigned to carry out services such as carrying out social and cultural services, establishing social facilities, opening vocational and skill training courses for certain groups such as the elderly, disabled people, and women, within the scope of the Metropolitan Municipality Law. In this context, some services such as home health and social care and support services are provided by some municipalities as long-term care support. For instance, in Ankara, the "Life Support Center" model is implemented in the Service Center for the Elderly, which is run and financed by the governor's office. In this model, it is aimed to reach the elderly, disabled, bedridden and lonely individuals in emergencies such as falls, injuries, heart attacks, and hypertension, by reaching them as soon as possible. For this purpose, a device that can be worn around the neck is designed for communication. When the button of the device is pressed, the individual's diseases, medications, relatives, and neighbors are reflected on the computer screen in the call center. If the elderly cannot speak, help is directed, and a patient transport vehicle is provided (Ankara Metropolitan Municipality Service Center for the Elderly, 2021; Özmete and Hussein, 2017). In order to reach the elderly and the disabled people, home health services are provided by the Istanbul Metropolitan Municipality Health and Social Services Department. By means of these services, it is aimed to contribute to the country's economy by making patients and their relatives as independent as possible regarding their current illnesses, preventing complications and hospitalizations, and reducing the costs and care and medical treatments (Istanbul Metropolitan Municipality Health Department, 2021; Özmete and Hussein, 2017). Izmir

Metropolitan Municipality also provides "home care" services to the elderly, patients and orphans with a team consisting of physicians, nurses, caregivers, sociologists, and cleaning staff, who only perform wound care, dressing, distribution of patient beds and cleaning practices at home, with daily visits a week (İzmir Metropolitan Municipality, 2021; Özmete and Hussein, 2017). In addition to these municipalities, services such as general health care, psychological support, day care services, house cleaning and personal care are provided by Konya, Diyarbakır, Gaziantep and Samsun Metropolitan Municipalities (Özmete and Hussein, 2017).

These social services offered by municipalities are especially important in terms of supporting the social inclusion and social participation of the elderly. However, these services have limitations such as mainly cleaning and assistance services, being dependent on the level of need of individuals, and often carried out by support personnel. Hence, it is necessary to expand care services by employing physicians and nurses as well as other professional members such as psychologists, social workers, sociologists, and taking part in practices that will support healthy and active life within the scope of day care. Due to the large number of elderly people who need home care services, local governments need to increase these services for the elderly and caregivers.

2.4. Elderly Living Homes

In 2012, within the scope of day care, living houses have been established to support the active life and social participation of three or four individuals of the same gender in one residence. Elderly people staying in these houses are frequently visited by managers and professionals, and support for the personal care of the elderly and daily household chores are carried out by the care staff. For this reason, the elderly living homes are generally established at close distances to the nursing homes to benefit from their personnel and facilities. However, in this case, these houses, which are based on the idea of living in the social environment that the individual is used to, move away from the purpose of aging in the place of the elderly. Therefore, there is a need to meet the staffing requirements of the elderly living homes (Özmete and Hussein, 2017).

3. SOCIO-CULTURAL PROCESSES: MENTAL HEALTH OF THE ELDERLY

When aging is evaluated from a socio-cultural point of view, unlike the discussions about the body's health and biological aging, it is observed that the studies are focused on changes such as social relations, social participation, routines in social life, social roles, etc. (Krause, 2004: 1217). However, it is emphasized that the studies should not focus only on terms of the care of the elderly, but also in the development of adequate services that will meet their bio-psycho-social needs. Taşkesen (2017: 94) describes the social life of this period as follows, "due to the fact that the old age is the last

period of the life, the pressure of the approaching death on the elderly individuals, as well as the pressure of being partially withdrawn from the social life can be easily felt.”

In addition to socio-cultural, economic, and psychological problems, other important issues to be discussed for the elderly are “abuse and neglect”. In addition to these, the inability to perceive old age adequately, the distance between the elderly and other generations, and the evaluation of daily life are among the problems have seen in old ages. Therefore, it is necessary to make living arrangements for the period old ages. The purpose of these arrangements is to provide “positive aging” (Canatan, 2008). In this sense, policies should be developed to improve the welfare of the elderly without seeing the elderly as an obstacle in front of the society. In this direction, what is expected from social policies is not only the provision of physical care, but also the implementation of activities aimed at meeting social needs. It should be aimed to provide personal satisfaction by underlining that the elderly has different interests, needs and activities, not to push the elderly out of the society, but to keep them in a productive position and to take part in social activities (Demirbilek, 2005: 233). It is important that the social policies have a positive perception of aging for the elderly in the following respects: the elderly population, which is rapidly increasing in the world and especially in developed societies should be integrated into the society, removed from extinction for the family and society and positioned as active individuals who makes some contributions. For this pupose, the mental health of the elderly should also be improved, because it will be harder and harder for the young and productive population to meet the social and emotional needs of the increasing elderly population (Şener, 2009: 3). Social policies and initiatives going to be prepared in this direction may have been strengthen the social support network and create a healthy sense of belonging and social life patterns based on cooperation between the elderly and the society.

For instance, it is necessary to ensure the life satisfaction of the elderly through initiatives and practices such as increasing the number and quality of nursing homes and nursing homes to meet the housing needs of the elderly, health problems are met by health professionals who have special training on elderly, preparation of opportunities that will enable the elderly to participate actively in the society. In addition, education programs should be focused on preventing negative opinions and behaviors in the society against aging, and education should be provided to reach wider masses by taking the support of the media in this direction.

Conclusion

The effects of population aging at the national and global level are becoming increasingly evident in many industrialized countries. However, the importance of social policies for the elderly has also been increasing day by day in the face of changing and increasing needs. Since the population

aging is a problem that everyone will face in near future, the services for the elderly are accepted as a social problem. Although the care of the elderly in Turkey has met within the traditional family structure, the changing conditions, the fact of aging and the increase in the need for care in older ages affect family members negatively not only with its financial dimension but also due to many psycho-social factors. This situation reveals the necessity of care insurance with the increasing need of the elderly for state support and professional services (Hekimler, 2015, s. 71-72). In countries such as Germany, Japan, Belgium, Denmark, and the Netherlands, some regulations that can be considered pioneering in the context of long-term care insurance have been made. The first of the leading countries in terms of care insurance is Germany, which legally implements care insurance within the social security system (European Commission, 2017, p. 1-2). Through compulsory care insurance, which is divided into two as public and private care insurance, financial support is provided along with the care needs of the elderly population (Kocabaş and Kol, 2020). The main purpose of establishing this insurance branch is to ensure that individuals in need of care in cases such as illness, accident, unemployment, etc. can lead an independent life as much as possible and do not need social assistance (Ökem ve Can, 2014, s. 14). Through the care insurance, medical and social care, home care, day-night care, nursing home, elderly care home, and rehabilitation services, supply of tools and equipments, support of care personnel and other social support services are provided (Hekimler, 2015, s. 61). The most important condition for benefiting from this insurance is to need care. Therefore, first, the concept of "need for care", which can occur not only in old age, but also in all ages, should be well defined by countries. With the "Social Care Insurance Law" adopted in 1995, Germany supports both the individual and the family within the legal framework in case of need for care, which is considered as a social problem (Caniklioğlu ve Ünal, 2011, s. 2272-2274).

Japan, which is one of the fastest aging countries in the world and where the need for care is increasing rapidly, is the second country to establish its own care insurance system within the social security system, taking advantage of the example of Germany. However, between these two country care systems there are some differences in terms of determining the need for care, the beneficiary, financing, institutional care services and care providers. Initially, while in Germany the determination of need for care is done by a multidisciplinary medical committee, in Japan it is done by a special care coordinator. As a second difference, there is no financial allocation for people in need of care in Japan. Third, the Japanese long-term care insurance system is narrower than Germany's, only covering individuals aged 65 and over in need of care and excluding family members from the system. The fourth difference is that institutional care services are not completely free in Japan, 10% of the care service expense is taken from the

person receiving the care service (Seyyar ve Ođlak, 2011, s. 742-755; Gibson; 2003; 15-16).

It is difficult to say that national and inclusive care policies have been established for the aging population in Turkey. The Ministry of Family, Labor and Social Services and the General Directorate of Services for the Disabled and Elderly continue to work on the implementation of care insurance that covers everyone regardless of income. The establishment of care insurance in our country, whose population is rapidly aging, will be an important prevention for the future (Ođlak, 2014, s. 222-223). To establish a sustainable care insurance in Turkey, first, the number of people in need of care should be well determined. The correct determination of the number of individuals in need of care is also related to the correct definition of the concept of need for care. In addition, although there has been progress in care services for the elderly in Turkey in the recent years, it is also necessary to develop care services that will offer alternative solutions to emerging and future problems, especially the problem of need for care (Cengiz, 2018, s. 26). Active aging policies in Turkey should be also developed within the scope of a holistic strategy and the services for the elderly should be considered as a sector. The phenomenon of aging in Turkey should be urgently evaluated in the context of an active social policy and result-oriented policies should be developed. In this direction, the participation of the elderly in social life should be ensured and appropriate environments should be prepared. As a result, it is revealed that discussing the various aspects of the elderly care and seeking solutions are necessary for economic and social life. With the transition from a 'rights-based and state-centered' understanding of welfare to a 'market, volunteering, work and poor-based' understanding of welfare, the basic idea about the elderly care in Turkey is to care for and accommodate the elderly within the family. The importance of the institutions and organizations that respond to the needs of the elderly who in need of protection and preparing a safe living place for them in the situation where the family members are insufficient are becoming much more important.

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