

SPATIAL ARRANGEMENTS SUPPORTING ACTIVE AGEING WITHIN THE FRAMEWORK OF THEORIES OF AGEING*

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Abstract

Rapid ageing all over the world is changing the population rates and social structure of the society. The change causes some structural transformations in family structures and social life as well as demographic structures of countries. The subject has been handled by experts in many aspects and theories and approaches to old age have been produced. The 'decline in functional capacity', which starts to decrease as the individual gets older, is the remarkable problem of old age. Social, environmental and economic factors, as well as physical factors, affect the lives of the older persons, and the 'capacity range for maintaining function', which is high in adulthood, opens with old age, thus 'functional capacity' decreases. "Active ageing", which is one of the theories of ageing, reveals the increase in physical limitations/inadequacies as ageing individuals get older because they do not have a homogenous group. The approach also emphasises the 'capacity of the urban environment to support active ageing' in order to enable a healthy and active life course. Through the study, which is produced from the author's doctoral thesis, it is aimed to reveal the contributions of arrangements such as universal design and accessibility that support active ageing to a more livable urban physical environment and social life.

Key Words: *Ageing, Theories of Ageing, Active Ageing, Accessibility, Universal Design.*

* The study is based on the author's doctoral thesis.

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YAŞLILIK TEORİLERİ ÇERÇEVESİNDE AKTİF YAŞLANMAYI DESTEKLEYEN MEKÂNSAL DÜZENLEMELER

Öz

Tüm dünyada yaşanan hızlı yaşlanma, toplumun nüfus oranlarını ve sosyal yapıyı değiştirmektedir. Değişim, ülkelerin demografik yapıları kadar aile yapılarını ve toplumsal hayatta da bir takım yapısal dönüşümlere neden olmaktadır. Konu pek çok yönüyle uzmanlar tarafından ele alınarak yaşlılık kuramları ve yaklaşımları üretilmiştir. Bireyin yaş aldıkça da azalmaya başlayan 'işlev kapasitesinin düşüşü' yaşlılığın dikkat çekici sorunudur. Fiziksel faktörler kadar sosyal, çevresel ve ekonomik faktörler de yaş alanların yaşamlarını etkilemekte, yetişkinlik döneminde yüksek olan 'fonksiyonun sürdürülebilme kapasite aralığı' yaşlılıkla birlikte açılmakta böylece 'işlevsel kapasite' de düşmektedir. Yaşlılık kuramlarından olan "aktif yaşlanma", yaş alan bireylerin homojen bir gruba sahip olmamaları nedeniyle yaş aldıkça fiziksel kısıtlama/yetersizliklerindeki artışı ortaya koymaktadır. Yaklaşım, yaşam sürecinin sağlıklı ve faal geçirilmesini mümkün kılmak üzere, kentsel çevrenin de 'aktif yaşlanmayı destekleme kapasitesini' önemsenmektedir. Yazarın doktora tezinden üretilen çalışma aracılığıyla aktif yaşlanmayı destekleyen evrensel tasarım ve erişebilirlik gibi düzenlemelerin, daha yaşanır kentsel fiziki çevreye ve toplumsal yaşama sunduğu katkıların ortaya konması hedeflenmiştir.

Anahtar Kelimeler: Yaşlanma, Yaşlılık Kuramları, Aktif Yaşlanma, Erişebilirlik, Evrensel Tasarım.

INTRODUCTION

It is said that the demographic characteristics of the countries have changed in the period after the 2000s and the criteria such as the size of the population structure, growth rate, birth-death rates and life expectancy at birth have exceeded the usual values. In order to find solutions to social problems, applied studies were initially given more importance than theoretical studies. Social gerontological theories were developed after the 50s and 60s (Hooyman and Kiyak, 2005).

Especially since the early 1900s, infant mortality rates have decreased and the average age expectancy has increased in the 1980s with the advances in health technologies and positive developments in maternal and child health. Accordingly, the increase in women's employment has brought vitality to the economy and led to a significant decline in child birth rates. In the context of gerontology, old age is divided into periods and 65-74 years of age is considered as young-elderly. Most people in this age group have mild health problems and physical inactivity, and do not need support to survive. The middle-aged group, aged 75-84, may have reduced mobility and capacity of sensory organs compared to the previous stage. During this phase, women in particular may lose their partner and suffer from loneliness, which may also have various psychological effects. The restriction of mobility affects the social life of the older persons, sometimes requiring the older persons to move out of their home, move into a care home, move in with their children or receive care services. For those aged 85 years and over, referred to as the elderly-elderly group, the general picture is not so good, although they sometimes have an unusual vigour. Decline in vision and hearing, slowing down of mental functions, although not always, and difficulties in self-mobilisation may render them persons with disabilities. Frail older persons people in this group and their families have to face the problem of care. In this case, the older persons need to be constantly supported and sometimes cared for like a baby. The tendency in society to consider old age as 'second infancy' is actually used to express how much the older persons are in need of care (Canatan, 2008:22).

Life expectancy at birth, which is defined as the average number of years a newborn individual is expected to live if exposed to current mortality risks,

was 78.3 years in Türkiye in the 2018-2020 period and 77.7 years in the 2019-2021 period (TUIK, 2023), (Table 1). In the light of scientific research, it is seen that the characteristic of being a ‘society with a young population’ in terms of the demographic structure of our country has also changed and evolved towards an ‘ageing society’.

Table 1. Life expectancy by gender and age: 2018-2020, 2019-2021 (Source: TUIK, 2023).

Age	2018-2020			2019-2021		
	Total	Male	Female	Total	Male	Female
0	78,3	75,6	81,1	77,7	75	80,5
15	64,3	61,6	67,1	63,6	61	66,4
30	49,7	47,2	52,3	49	46,5	51,6
50	30,5	28,2	32,9	29,9	27,6	32,3
65	17,8	15,9	19,4	17,3	15,4	18,9

Today, contrary to the past, there are many studies and researches that do not address the phenomenon of old age only biologically and chronologically. It has been stated that chronological age is no longer sufficient to provide information about the ageing processes, and therefore, in order to understand old age, it should be examined with cultural, regional, social, economic and psychological meanings (Arpacı, 2005; İçli, 2008; Karatağ and Akyıldız, 2019:574). From this point of view, old age, biological, psychological, social and chronological meanings of different meanings according to the Research on Expectations Regarding Old Age in Türkiye (2011:4), has been discussed and some distinctions and concept differences have been revealed:

- Biological ageing, loss of function and cell loss in the human organism,
- Chronological age, evaluation of the age stages from birth to death in categories,
- Psychological age is defined as the age the individual feels,
- Social ageing is defined as the loss of status and role in society (a gradual withdrawal from social life) and the evaluation of the individual as old by those around him/her.

In the 19th century, the German statesman Bismarck’s idea of “working until death or until they are no longer able to work” for the older persons who

experienced “loss of function due to biological ageing” was gradually abandoned and new ideas were sought (A Brief History of Retirement, 2013). The idea that old age should be a “life opportunity process” that should be spent more calmly has become widespread over time. However, as the share of the older persons in the population increased, some problems started to be experienced. In addition to the evaluation of the social life and socio-cultural position of the older persons rather than the economic context (Hablemitoğlu and Özmete, 2010), the idea of supporting a more prosperous and active ageing has also been needed. In this sense, it is an issue that should be supported/regulated by non-governmental organisations, public, local administrations and associations as well as individual and social initiatives (Dülger, 2012).

The value of the science of gerontology has increased with the importance of the subject all over the world and in our country. In fact, gerontology should be considered as the science of ageing, not old age. The main field of interest of gerontology, which has common points with many sciences; physiological, biological, sociological, psychological and cultural ageing processes. In these processes, gerontology’s unique approaches, methods and techniques, theories and practices are managed through gerontologists, who are the professionals of this field, and are supported by theories of ageing. Ageing studies supported by theories, the subject of active ageing, which we need more and more with the increasing older persons population, is an area that gerontology nowadays frequently emphasises and conducts studies.

THEORIES OF AGEING

Ageing and old age issues were not recognised as an important social problem until the 20th century. Before the 20th century, most of the children born died of infectious diseases in the first years of their lives, most of the living died in wars, and the population consisted of a small number of individuals reaching their 30s and 40s. When the issue is examined from a historical perspective, it is known that there are different approaches to the older persons in society (Walker and Maltby, 2011), and that the older persons are often seen as “non-productive” individuals who are in need of other people’s labour power. Especially people living in rural areas have experienced some fears that they will be removed from their homes due to old age (Gaudie, 1974; Phillipson,

1982:9). Life satisfaction of the individual in old age, adaptation to old age, socio-psychological change of life with chronic diseases and the relationship levels of the older persons with their social environment have been the subjects that researchers are most interested in.

The increasing share of the number of older persons individuals in the population in societies has led to the need to examine the older persons in social, economic, psychological and anthropological aspects. For this reason, the science of gerontology has revealed various aspects of old age through scientific research. From this point of view, there is a need to examine the theories and theories that conceptualise the social aspects of ageing in order to determine appropriate and healthy social policy measures for the society. The theories related to ageing can be listed as Functionalist Approach, Adaptation Theories, Feminist Theory, Subculture Theory, Age Strata Theory, Social Reconstruction Model, Political Economy of Ageing, Life Route/Pathway Approach, Lifelong Capital Theory, Social Phenomenology and Social Constructivist Approach, Critical Approach, Postmodern Theory, Interactionist Approaches, Active Ageing Theory and Socio-Environmental Theory.

Most of the theories of social gerontology started to be developed in the 1950s and 1960s and these theories have been increased with new research. The theoretical approaches of social gerontology are based on psychology and sociology, which are concerned with the individual and society. For this reason, the first conceptual theories in social gerontology are based on functionalism. The '*functionalist approach*' in the field of sociology is the approach that considers society as a system, prioritises its structural-functional requirements and the arrangements it needs, and envisages individuals, who are the sub-element of the system, to adapt to the social conditions provided to them without any reaction (Canatan, 2008:48). However, since the functionalist approach focussed more on maintaining the social order, social harmony and the continuity of the system and was insufficient to explain social change, it was replaced by the 'withdrawal from life theory', which developed as its own extension in social gerontology. In fact, the theories of withdrawal from life-disconnection-, role, continuity and activity have developed as extensions of the functionalist approach based on the need to maintain social order.

Social workers, politicians, economists and gerontologists categorise social policies and services for the older persons in five categories: “income, health, nursing home, transport and nutrition”. In addition to the five basic problems, **adaptation theories** have been studied in the centre of keeping the older persons, who are in constant influence and communication with the problems in other areas of society, in the society, adapting to the society and establishing close ties (Onur, 1995:124). Provided that it is stated that the first adaptation theory is the functionalist approach, it is considered as the theories of withdrawal from life/interruption of relationship, role and continuity theories that support the adaptation theories developed on how individuals can adapt to society.

The withdrawal from life/disengagement approach, which is based on the functionalist theory in sociology and one of the first theories of social gerontologists, is based on a cross-sectional study conducted in Kansas City in the USA with 275 people between the ages of 50 and 90 (Canatan, 2008:49). According to this theory, the older persons should adapt to the social order in order for the social order to work, and adapt to social life by adopting the newly acquired ‘roleless’ role in old age without disrupting the order in society. Although the older people’s activity and functions in the life course have been lost or slowed down, they should be able to focus on new areas of life and turn to a new set of activities. In this process, in terms of their old roles in social life, the older persons *experience a withdrawal from society*, reducing their interaction with other individuals and groups around them, and the older persons withdraw from society. This theory has been heavily criticised and has had both heavy criticism and wide defenders. The basis of the criticisms is that generational differences are confused with age differences (Onur, 1995:124). In social life, the tendency of older persons individuals to leave their current roles and activities completely or to become dependent is not common. In general, older persons individuals tend to adopt their new role in society by establishing a balance at a point between reality and full attachment without breaking away from life. **Role theory**, which is one of the first adaptation efforts of social gerontologists, is an approach that focuses on ‘*how to overcome the difficulties in society*’ and ‘*how to adapt*’ with the loss of status in many social roles (family, school, work life and roles and duties in society) that older

individuals have acquired throughout their lives (Canatan, 2008:50). In this sense, chronological age, as expressed by western societies, not only determines the suitability of some roles, but also plays a voluntary role in shaping the expectations of society. With biological age, some roles are getting used to the fact that their current roles have changed depending on their age and accepting the fact that what is expected of them has decreased. In fact, age norms, as assumptions of capacities and limitations, require the individual to fulfil the roles assigned to him/her by society according to his/her age and position. The process of socialisation is a life process that tells and enables individuals to understand the level of realisation of their life-long and changing roles in social life (Canatan, 2008:52). Most of the older persons individuals criticise the act and theory of role cessation, claiming that the feeling of social loss is exaggerated (Onur, 1995:125). In this theory, some longitudinal studies have been conducted with the claim that the role losses experienced with ageing in society are exaggerated and it has been reported that most older people do not experience such a process. It has been stated that role theory brings '*role dilemmas*' in old age and according to this theory, society lacks role models for the older persons. Contrary to the past, it is stated that the older persons today express themselves and get rid of role ambiguity by developing different ageing role models and alternative role models; thus the theory is no longer valid (Canatan, 2008:52). **The continuity theory**, which is another adaptation theory, accepts ageing as a normal and necessary change in human life and treats this period as a dynamic natural process. Although this theory was put forward to complement the weaknesses of withdrawal and activity theories, it is accepted as the third adaptation theory of socio-psychological origin, which has some limitations. It has been stated that the continuity theory stands out with its feature emphasising the "*complexity of old age*" due to the cessation of the relationship with some roles in old age and the successful continuation of the process in some roles. Individuals develop some habits, preferences and connections acquired in the process of becoming an adult and take them for granted as a part of their personality over time (Onur, 1995:126). According to the continuity theory, it also focuses on the effort of the older persons individual to maintain adaptation to the environment while replacing old roles with new roles. However, if the individual has an integrated personality, successful

ageing is expected. Since successful ageing is the basis of this theory, it is considered more accurate for the older persons to age in accordance with their own norms instead of the successful ageing criteria accepted by the society. However, in the continuity theory, it is stated that the older persons individual's attempt to maintain the life pattern of the past may be a misfit (Canatan, 2008:53).

The theory developed by Havighurst, Neugarten and Tobin to provide solutions to individuals' retirement, role losses and deteriorating health conditions is *the activity theory*. This approach was actually developed as one of the extensions of the functionalist approach, which is the need to maintain social order, and was produced as an alternative to the disconnection theory. Apart from inevitable biological and health changes, older people are almost the same as middle-aged individuals with basically the same social and psychological needs. From this point of view, it is inevitable that the social interaction experienced in old age decreases and the older persons withdraws his/her hand from social life. In fact, the older persons individual wants to live the activities of middle age as long as possible, so he/she tries to replace the activities that he/she thinks he/she is forced to abandon with old age with some new activities (Onur, 1995:125). Nevertheless, it is also stated that the physiological and biological changes/transformations in old age and the socio-psychological needs of the older persons in social life will not be different from those in middle age (Emiroğlu, 1995). To a large extent, this theory is a study in accordance with the value judgements of the American society and it is a theory that emphasises productivity and the need to be active (Canatan, 2008:50). The basis of the theory is that social activities are actions that are instrumental in the social integration of the older persons with the society and creating a social life in which the older persons can be more active and happy in adopting and realising their new roles with their obligations and responsibilities (Hooyman and Kiyak, 2005). Based on the assumption that the older persons are unhappy if they are not active, the ideal of *active ageing* is based on the goal of prolonging middle age. However, according to the activity theory, although the older persons are affected by the problems they will experience in improving their quality of life, it is also a fact that it arouses a misconception that 'the older persons have to be busy to be happy'.

The social exchange theory developed by Homans (1961) and Blau (1964) as a sociological theory was adapted to gerontology and its most comprehensive application was carried out by Dowd (Canatan, 2008:59). Dowd criticises the theories of withdrawal from life and activity by asking ‘why the social interaction and activities of the ageing individual are decreasing? The exchange theory, like the activity and withdrawal theories, suggests that participation in social interactions decreases with age (Hooyman and Kiyak, 2005). The pioneers of this theory explain their views with the contrasting relationship between modernisation and old age status. It is a fact that old age is highly valued in non-industrialised and traditional societies (with exceptions such as Russia and Japan). Even though the theory draws attention to the elements of exchange or shopping that affect the position of the older persons in a society, it can also be said that it cannot provide a complete explanation and clarity on the subject (Onur, 1995:125).

The subculture theory is concerned with the population of “subcultural groups” that have common knowledge/interest in interaction within certain boundaries of similar groups in the society to which they belong and develop common coping skills with problems (Canatan, 2008:54). This group sometimes interacts with their own group, which they are excluded from by other members of the society, and sometimes with the group they are excluded from. According to this view, since the older persons express themselves as “an ethnic minority group”, the society has a prejudiced approach towards the older persons. This situation causes the older persons to be lonely while living in society and to be stuck in their own cultural/status groups. Since this group cannot experience permeability in social relations, they go to organisations such as their own pensioner groups or typical minority groups (Canatan, 2007). This theory has been criticised by many researchers because it cannot be applied to all older persons in every society.

Another different approach, *the age strata theory*, is a conceptual theory that expresses the social process affecting ageing, changes, the status of age classes and what the concept of age affects in the social field. It is stated that Riley and Foner use a similar approach to this approach in ‘analysing class strata’ (Canatan, 2008:55). The concept of age divides young, adult and old

into social strata and recognises individuals with their social roles and responsibilities. The theory of age strata deals not only with the older persons, but also with the relations of all age strata with each other and within themselves. The theory is based on the idea that 'age is a universal criterion and that roles, rights and priorities are distributed across strata'. The differences between these strata have emerged through the process of socialisation and distribution with modernisation (Hooyman and Kiyak, 2005). The concept of distribution refers to the sending of individuals suitable for different roles in order to meet the needs of society, while the concept of socialisation is understood as the service of facilitating the transition of individuals between strata. This theory is criticised for the lack of a clear expression of social class/origin, gender, political and economic age in role definitions (Canatan, 2008:55).

Interactionist approaches are classified as symbolic interaction, labelling and social collapse theories and focus on the dynamic interaction between the older persons and the social world surrounding them (Canatan, 2008:56). These theories accept that the adaptation of the older persons individual to social requirements is mandatory and argue that the adaptations to be experienced should take place in harmony and speed. In **the symbolic interaction theory**, the individual continues to interact with his/her environment in the process of ageing and is affected by this interaction. In this process, it is a positive approach that the change in environmental variables changes the life of the older persons, but the individual and society can facilitate the life of the older persons by creating new alternatives (Hooyman and Kiyak, 2005). It is argued that the older persons, whose interaction with the society is increased, will eliminate the risk of withdrawal from social life. In addition, if innovations such as the removal of age discrimination in recruitment can be introduced, it is envisaged that the desired interaction can be achieved. **Labelling theory** states that an individual's self-perception depends on how he/she is recognised not by himself/herself but by those around him/her in the process of social interaction (Canatan, 2008:57). The fact that others define the individual in a different category and the individual justifies them can change the individual's self-perception and behaviours. The labelling process starts with the process in which the older persons decide to retire and his/her whole life and perception are shaped accordingly before he/she retires. **Social collapse theory** is actually

accepted as an extension of labelling. Since the individual has not experienced how to behave before, he/she may experience some stiffness and indecision due to the role losses and uncertainties he/she experiences in the process of old age and may be driven to collapse (Canatan, 2008:58). The theory was put forward due to the fact that a number of new decisions are made in the new life process that begins with old age, which causes tides in the older persons and tires the older persons, sometimes even brings about their collapse.

The social restructuring model is based on the assumption that the resources available to the older persons are not equally distributed to all classes of society. Socio-economic classes in society restrict the individual's activities in life and their level of participation in life. The older persons in low socio-economic classes pass from youth to middle age and from middle age to old age chronologically at an earlier age than those who are higher than them due to their living conditions and perception levels. Since the living conditions, coping skills and opportunities offered to these older persons are not distributed equally to all social classes in society, their ability to cope with problems and their wear and tear are not equal. Labelling, social collapse and social restructuring theories are approaches that have been criticised on the grounds that they deal with the issue of ageing individually and exclude social structures (Hooyman and Kiyak, 2005: Canatan, 2008:59).

Since the social class structure and class inequalities in society create obstacles for the older persons to access valuable resources, it is stated that the **political economy of ageing approach** is based on these class inequalities. Rather than being a theory of individual attitudes and processes, the approach is a macro-analysis that tries to determine the structural features and '*how people living in class inequality can adapt to old age*' (Minkler and Estes, 1984). It has been stated that the resources and services of the society cannot be distributed equally to all individuals due to the efforts of the dominant and prominent groups in the society to pursue their own interests and to maintain the existing class inequalities. It is accepted as an important social policy problem that the funds allocated to support the deprivations in the needs of older persons individuals such as low income, health and care can be shortened by governments in any resource shortage due to economic problems. Each of these theories has

made significant theoretical contributions to the field of social gerontology, but no theory has been able to explain social old age in a complete way. In addition, it is said that all the theories can only be applied to modern urban societies with similarities, since they were developed by taking the American society as a model, they are not valid for every society and the theories do not have a universal quality (Canatan, 2008).

Socio-environmental theory has identified the inadequacies of withdrawal and activity theories, which are the pioneers of old age theories, and tried to collect the issue under a broader title by adding the older persons-environment relationship to these approaches. The socio-environmental approach is concerned with what kind of activities the older persons can engage in, taking into account their social behaviour and the importance of the environment for them. In this approach, it is thought that the more the older people can fulfil their activities, the happier they will be (Gubrium, 1973). It has been demonstrated that even when the sources of activity in society are equal, in age-heterogeneous environments, the social position, happiness, morale and participation of the older persons in life can be much higher than in environments that appeal only to a certain age group. The socio-environmental approach consists of three parts (Gubrium, 1973; Canatan, 2008:61):

- *Normative part*: as in the theory of withdrawal from life, norms are descriptions of behaviour known to individuals in social situations and include expectations of behaviour,
- *Individual part*: individual behaviours that are obvious and visible as in the activity theory, and the degree of effectiveness of these behaviours varies,
- *The personal part*: the individual lives by taking into account the meaning of individual activities and norms for himself/herself as well as in relation to his/her environment.

If these three elements can be realised harmoniously together, a sense of well-being and successful ageing in society can be achieved.

Life route/path approach is a theory that focuses on the dynamically changing roles of the individual throughout life and the interaction of these roles - discontinuous or continuous - depending on their gains/losses. It critically

approaches how the life patterns of all individuals will be manifested differently from each other with a number of transitions and trajectories, and how the life course approach is a standard part of the life course of care in old age, and some analyses have been tried to be brought (Canatan, 2008:62). This approach endeavours to explain how old age is shaped within the social structure; historical and cultural meanings, gender differences, time and period (Hooyman and Kiyak, 2005). Recently, researchers have been focusing on the effects and consequences of gender, race and social class structure on the life course of individuals and the cumulative disadvantages that continue with old age.

The lifelong capital approach is based on the idea of storing human capital. The basis of the resource considered as capital is the knowledge, skills, experience and experiences acquired throughout life (Canatan, 2008:63). It is also emphasised that some inequalities in society may be permanent with the change of lifelong resources. Human capital resources can be human, social, psychological and physical (Hooyman and Kiyak, 2003). Along with environmental factors, social capital, institutional capital and moral capital also affect life depending on the interaction and accumulation of human capital throughout life. Researchers emphasise that the accumulation of human capital, knowledge and skills in labour force participation causes social inequalities. Income sources and changing human capital, which depend on economic capital, affect the future situation of the individual by providing the increase in health gains and the storage of them.

The social phenomenology and social constructivist approach focuses on the facts of the concept of ageing, the nature of ageing and how ageing affects the individual and those around him/her in different ways (Canatan, 2008:64). While the meaning of the quality of care for the individual and the service received from care homes are being investigated, the focus is on the life story of the older persons individual and the facts/concepts about him/her; it has been stated that some older persons are subjected to labels such as dependent and marginal (Gubrium, 1973). In order to capture different aspects of the experience of old age, many phenomenologists and social constructionists such as Gubrium and Diamond have found it more appropriate to focus on individual interactions by resorting to more qualitative and ethnographic methods. The

perspective of social constructionists has been stated to “*take into account the changes in the economic, cultural, historical and social context of ageing*” (Canatan, 2008:64). This approach suggests that the existing concept of the older persons should be changed and the focus should be on the old age experiences of the individual according to his/her situation.

Critical approach theorists have criticised the transformation of the relationship between subject and object and the fact that this transformation moves from the real to the alienated. These theorists are interested in “*how what is experienced is reflected in a language rather than what is experienced*”. Tornstam states that gerontologists produce a positivist and limited model of old age, against which a critical and humanistic approach allows the older persons to define themselves. In order to discuss humanistic discourse in gerontology, the author puts forward 4 objectives in the theorist Moody’s approach to gerontology (Canatan, 2008:65):

- To theorise the personal and interpretable aspect of old age,
- Emphasise public policy implementation, not just technical developments,
- To unite academics and those working in the field in terms of practice,
- To produce a rational view of what positive ageing is in an emancipatory way.

The theories of this approach should focus on the production of ageing models by focusing on different and strong aspects of ageing rather than criticising them (Hooyman and Kiyak, 2005). The inadequacy in explaining women’s experiences and gender relations in the context of ageing has been the main criticism of the approach.

Feminist theory, by focusing on different economic and power relations between older men and women, has revealed that gender should be analysed in line with social and structural arrangements. The main reason for this is that gender includes regulatory principles such as lifelong mutual interactions and different processes in the context of male and female old age (Canatan, 2008:67). Gender, race, social class, disability, sexual preferences or marginality have been the subjects of interest for feminist theories. In order to clarify these issues, feminist theories have shown their tendency to use qualitative

and quantitative methods together in their research as well as their attempts to combine micro and macro approaches.

Postmodern theory is of the view that knowledge is socially grounded and social life is lived as “*improvisation*”. Theoretically, it is stated that modernism is in a constant struggle with positivist science. The postmodernist view criticises the fact that men are taken more than women in old age issues as well as language concept discourse. The postmodern feminist approach in gerontology has developed a number of methods to understand the lives of women of all ages. Postmodern research aims to make women active participants in the research by guiding them in the problems they face despite changing conditions (Canatan, 2008:67). Ensuring this kind of participation encourages women to raise awareness about the subject, to realise the limitations imposed and to struggle.

Active ageing theory focuses on the process of ensuring that needs can be met in the best way possible to enable individuals to increase their living standards as they age. What is meant by the term “*active*” is not only being active in working life, but also being “constantly present in all areas of life”. In this context, retired, sick or frail older people can participate in social life in a healthy process. “*Health*” refers not only to physical health but also to mental and social well-being. From this perspective, active ageing includes not only physical health policies but also policies, plans and programmes that aim to strengthen mental health and social relations. Thus, individuals can be self-sufficient as they age in line with these policies. Moreover, the process of ageing takes place in environments where other people are present, thus making great strides in terms of both individual and intergenerational solidarity (WHO, 2002:12). In this context, it is seen that yesterday’s child is today’s adult person and tomorrow’s older person, therefore mutual support gains importance for both parties in order to realise a healthy communication and ageing as envisaged by active ageing.

ARRANGEMENTS MADE ON THE AXIS OF ACTIVE AGEING

With the increase in the proportion of the older persons population in the total population, studies on ageing and active ageing have gained importance all over the world. Considering that the average life expectancy will increase

and the older persons population will increase in the coming periods, it is necessary to “provide initiatives/regulations for active ageing”, which is one of the solution policies for the welfare of the older persons. In this context, *active ageing* supports the older persons to continue their working life, stay healthy and continue to contribute to society (Elmacı and Ergin, 2015). The goal of active ageing to provide individuals with some opportunities in terms of health, social security and participation in social life in their later years makes it necessary to evaluate it as a system.

The year 2012 was accepted by the European Union as the ‘Year of Active Ageing and Intergenerational Solidarity’ and field research on this subject has accelerated in the centre of sensitivity and awareness. All studies in an effort to produce protective, preventive and supportive measures in terms of health and economic problems that come to the agenda with the ageing of the individual, participation in social life, and the ability to survive without being dependent on others include the studies carried out by the society on active ageing. The concept of ‘active ageing’ developed by the World Health Organisation (WHO) towards the end of the 1990s is a very important concept in terms of drawing attention to the period on the way to old age. WHO defines active ageing as the process of maximising opportunities for participation in social life, health and safety for individuals in order to improve their quality of life as they age. In this context, the concept of being active does not only refer to being physically active and participating in the labour force, but also refers to a broader phenomenon by including the social and cultural participation of the individual (Ministry for EU Affairs, 2011). In order to ensure active ageing, it is necessary to support ageing individuals in many areas and to facilitate their lives. Social support to be provided;

- *Emotional Support:* Communicating liking, love and empathy in a way that they can also feel,
- *Informational Support:* Defining and explaining different situations for them and helping them to cope with them,
- *Financial Support:* Providing resources such as money or needed tools and equipment, and supporting them by helping them with the work that needs to be done,

- *Appreciation Support*: Expressing love and respect for the person, expressing that they are accepted as they are,
- *Spending Time Together*: Ensuring that the individual spends his/her rest and recreation time with his/her loved ones (Krespi, 1993; Torun, 1995:24; Sığın, 2016:94).

Regardless of age, ability and capacity, all individuals need an urban physical environment with high mobility and communication value (Özdemir, 2017; Akyıldız and Olgun, 2020:35). In this context, WHO (2007), while realising the age-friendly cities project, addressed the issue together with active ageing in order to increase the level of age-friendliness of a city and offered solutions on the axis of this perspective. The Global Age-Friendly Cities and Communities Network project organised by the World Health Organization was launched in 2006. According to the research protocol of the World Health Organization's Global Age-Friendly Cities and Societies Network, many studies have been carried out by the World Health Organization with the measures and innovations they have taken on active ageing within the scope of age-friendly urban practices by working together with governments, non-governmental organisations and academic groups, and successful results have been obtained. According to the WHO, active ageing is defined as the process of increasing the opportunities for health, participation and security that people are given in their communities to improve their quality of life as they age. The idea of age-friendly cities is also based on the framework of active ageing. Within the scope of the WHO (2007) Global Age-Friendly Cities and Communities Network project for age-friendly cities, it is aimed to ensure and support people's active ageing through studies, planned services, arrangements and structures. In this sense:

- Recognising the capacities and resource range of older people,
- By responding to the needs and preferences that will arise with ageing,
- By respecting the lifestyles and decisions of older people,
- By protecting the most vulnerable members of the older persons group and
- The basic principles in this regard are to enable the older persons to age actively by supporting their maximum participation in life by including them in all areas of social life (WHO, 2007).

Ensuring ‘high life satisfaction’, which is one of the important criteria for active ageing, is also important for individuals. Life satisfaction, which supports the ageing individual’s attachment to life, is also one of the valid criteria for social life and communication and indicators related to this;

- Enjoyment of activities in daily life,
- Finding life meaningful, having life goals and accepting responsibility for previous experiences,
- To be able to have the belief that he/she has achieved the goals he/she has envisaged throughout his/her life,
- Having a positive sense of self and recognising oneself as a valued being,
- It is expressed as having a positive perspective towards life (Çetinkaya, 2011:18).

Another important aspect of drawing attention to the issue of active ageing, which aims to prevent the problems experienced by the older persons, is to create awareness in the society. For this purpose, the United Nations General Assembly drew attention by choosing 1 October as “International Day of Older Persons” in 1990 and “Sustainability and Age Inclusiveness in the Urban Environment” as the subject of the 2015 meeting. Secretary-General Ban Ki-moon stated that “making cities inclusive of older people means creating opportunities for their economic and social participation in accessible and safe environments. It also means providing affordable housing, health care and social services to support ageing in place” (WHO, 2015). Active ageing depends on a variety of influences or factors surrounding the individual, their family and the nation in which they live. The types of individual and societal behaviour, social factors in the environment in which they live and their interaction with other individuals are important factors that influence how well they age (WHO, 2007). Most urban spatial arrangements and services reflect the analysis of these factors and express the characteristics of an age-friendly city that also supports active ageing. In this sense, spatial arrangements that enable users of all ages and capacities to be together without being isolated from social and cultural life create societies with strong social, physical and mental health and support the creation of cities with high quality of life (Aygün et al, 2018:31; Akyıldız and Olgun, 2020:35).

UNIVERSAL DESIGN AND ACCESSIBILITY SUPPORTING ACTIVE AGEING

All macro and micro spatial arrangements of the city should be planned and implemented in the centre of disability and active ageing based on the criteria in the national legislation, especially universal design principles. This action plan, which places the individual and his/her environment at the centre of planning and design, is a valuable guide that makes the older persons a part of the society with the opportunities it offers and gives due importance to the older persons with design approaches (Tural, 2015). In this context, the principles of “Universal Design” support the environment structured with simple measures in terms of human-space relationship, open, accessible, safe and functionally active ageing for all individuals (Table 2).

Table 2. Universal Design Principles

Equitable use	The design is useful and marketable for people of various abilities.
Flexibility of use	The design responds to a wide range of individual preferences and abilities.
Simple and intuitive operation	The design is easy to grasp, regardless of the user's experience, knowledge, language skills or current level of concentration.
Perceptible information	The level to which the design effectively conveys the necessary information to the user, regardless of environmental conditions or the user's level of sensory ability.
Fault tolerance	The design should minimise hazards arising from accidental or unintentional actions.
Low physical effort	The design should be effective, comfortable and minimally fatiguing.
Size/space for approach and use	The design provides an appropriate size and location for approach, access and use, regardless of the user's body size, posture or mobility.

In the city, which is basically used as a way of producing space, equal use is possible for people of various ability groups, including the older persons. The flexibility of use of the space facilitates the life of the user by offering options suitable for a wide range of individual preferences and abilities. The

experience, knowledge, language ability and concentration level of the user of the space should be in a certain harmony, and the simple and intuitive use of the design also supports active ageing. Design is to transfer the necessary information to the user both visually and sensually in an effective and perceptible way, regardless of environmental conditions and the user's ability levels such as intuition and instincts. The design should make all kinds of accidents, hazards and errors impossible for all individuals (especially the older persons, persons with disabilities, pregnant, children) and should be designed in warning systems that can tolerate this. Universal design supports active ageing as it is designed to be efficient, comfortable and least fatiguing in order to provide low physical effort. For this purpose, it is a favourable design criteria that encompasses the older people, persons with disabilities and all users. Providing appropriate usage dimensions for each individual, regardless of the user's body size, posture or mobility, is an important active ageing support in terms of both participation in daily life and interaction with space.

Due to the physical limitations and disability levels experienced in the ageing process, the ageing process needs the measures foreseen for people with disabilities. Disability status refers to the inability or inability of the individual to acquire the social roles expected from him/her with some restrictions and losses, regardless of his/her age. Due to the limitations in the life of the persons with disabilities individual due to the loss of function; the limitation of social roles and life participation causes the individual to be accepted as "persons with disabilities / person with a disability". The disability status of the individual is determined by his/her participation in social life and what and how much he/she can experience. In this respect, the measures and arrangements envisaged for the persons with disabilities facilitate the life of the individual in old age. These arrangements are referred to as accessibility, sometimes with the concept of accessibility; the concept was chosen to symbolise the freedom of 'access' to every need. In this sense, it is recognised as an important concept expressing the unlimited, independent and safest access of every individual to every service and demand they want. For these reasons, every embracing accessibility solution should be able to meet the needs of almost every individual in social life and the needs of every disability group. For example, in order to participate in a cultural activity, a persons with disabilities or older

persons individual should be able to leave his/her own home and reach the cultural centre he/she wants to reach unassisted, free and independent with the transportation option he/she prefers. It is important to ensure uninterrupted, unassisted and trouble-free participation from his/her apartment to his/her street, from his/her street to any means of transport he/she prefers, and from there to the place where he/she will participate in the cultural activity. In this context, in order to support the accessibility of cities, open and public spaces at the macro-spatial level and all buildings at the micro-spatial level should be organised. In addition, it is also important to provide transport between these two spatial planning levels and services in public transport systems. In addition, it is also necessary to create social awareness, awareness and empathic sensitivity on the subject.

The World Health Organisation introduced a new definition of disability with the system called “International Classification of Functioning, Disability and Health ICF 2001”. Disability, which was previously seen as an immutable limitation and restriction of a special group in general, was analysed for the first time in the context of the relationship between performance and ability, and included ageing individuals. Since it is thought that everyone can experience some disabilities with the loss of health at some point in their lives, it is considered as a contextual variable related to conditions in a dynamic process. Taking ‘universal design’ as a reference with the assumption that this contextual relationship can occur at any time has been accepted worldwide as an important international criterion in reducing the experience of disability (WHO, 2001). In this context, the studies carried out in our country by taking into account the needs in the provisional Article 2 of the Disability Law No. 5378, which was accepted on 01.07.2005;

“Existing official buildings belonging to public institutions and organisations, all existing roads, pavements, pedestrian crossings, open and green areas, sports fields and similar social and cultural infrastructure areas, and all kinds of buildings built by real and legal persons and providing public services shall be made accessible to the persons with disabilities within eight years from the date of entry into force of this Law” (Article 5378/2.).

is supported by the provision. In addition to this law, in accordance with the “UN Convention on the Rights of Persons with Disabilities” to which our country became a party in 2009, all macro and micro spaces are obliged to be made suitable in accordance with the accessibility regulation. In this sense, it is noteworthy that a social problem dominates the spatial fiction and the instrumental role of the design in contributing to the social problem while developing a solution to the issue. The rules to be followed in the processes related to urban environmental regulations support a more prosperous and actively participatory social life, especially for the persons with disabilities and the older persons. The ‘Accessibility Support Project’ is supported and supervised by the Ministry of Family and Social Services in our country in order to ensure that accessibility, which is of great importance for the persons with disabilities to participate freely and equitably in all levels of social life, is ensured and all spatial arrangements are carried out smoothly and without obstacles. This project also supports active ageing and aims to realise spatial arrangements for accessible in the provinces. Thus, while ensuring the dissemination and adoption of barrier-free life, awareness and awareness-raising activities are also carried out in the society (UDEP, 2014). The concept of accessibility can be considered as the freedoms provided to individuals with special needs or disabilities and the older persons with mobility difficulties in order to reach the highest level of social participation by utilising appropriate technologies. Designing in accordance with this concept serves as an indispensable service provider of social life for human rights and social justice. When national legislation on accessibility supporting active ageing is analysed;

- Disability Law No. 5378,
- Zoning Law No. 3194,
- Zoning Regulations,
- Condominium Law and
- Legislation on Public Transport stands out.

In 1997, “Additional Article 1” was added to the Zoning Law No. 3194 due to the need; with reference to the studies of the Turkish Standards Institute, it was pointed out that persons with disabilities/ older persons access can be provided in spatial arrangements, zoning plans, infrastructure and micro spaces;

“In order to make the physical environment accessible and habitable for persons with disabilities, zoning plans, urban, social, technical infrastructure areas and buildings must comply with the relevant standards of the Turkish Standards Institute”.

Due to the amendment of the law, which was put into practice in line with the demands, the regulations that need to be made within this scope have also necessitated a study that includes the regulation and revision of all regulations. For this reason, the Zoning Regulations that stipulate accessibility regulations can be expressed as follows:

- Planned Areas Type Zoning Regulation,
- Unplanned Areas Zoning Regulation,
- Regulation on the Principles of Plan Making,
- Car Parking Regulation,
- Supplementary Regulation on Shelters,
- Slum Law Implementation Regulation.

These arrangements, which concern not only person with a disability individuals but also all age groups and the older persons of the society for active ageing, are actually spatial arrangements that should be made for the whole society. According to Lynch (2014), urban parameters that support the ideal urban form:

- *A vibrant city* where the needs of the users are met safely and they perform their activities,
- *A perceivable city* organised to support the easy perception of the city by urban users,
- *An accessible city* that encompasses the entire population of the city and provides access to public spaces, leisure and activity centres and the information needed,
- Healthy buildings as well as public spaces and *a healthy city* that can provide communication/information loop,
- It is *an efficient and fair city* where the objectives of an active, vibrant, perceptible, accessible and healthy city are realised with the least cost and the urban functions are optimally distributed (Lynch, 2014; Akyıldız and Akbaş, 2020:88).

Universal design principles that support all these urban parameters, especially the participation of *the older persons and the person with a disability in daily life with maximum comfort in terms of accessibility*, make it possible for all individuals to live more independently and freely by expanding the social living space and boundaries. For this reason, design norms are among the fundamental human rights that provide equal opportunities to all individuals in terms of the process of participation in social life in an inclusive and encompassing manner for everyone (Tutal, 2015).

CONCLUSION AND EVALUATIONS

Increasing and ageing population in developing societies has been one of the subjects of scientific researches in terms of changing family and social structure with the industrialisation process. In the past, the support mechanisms that surrounded the older persons in the large Turkish family structure have undergone change, and have either disappeared or decreased considerably in the nuclear family structure. Especially after the second half of the twentieth century, the sciences of social gerontology, sociology and psychology, which examine all aspects of old age in the social structure with scientific methods, have produced some theories and theories for the older persons. Among the theories of ageing put forward by social gerontology, the interactionist approach that *'supports the life of the older persons in social interaction'*, socio-environmental theory and active ageing theory were also analysed.

The ageing process experienced by the older persons and the awareness of active ageing have made some measures/physical arrangements necessary in their own society. The subject, which is supported by laws/legislation/regulations in the national framework to support active ageing, also contributes to the physical environment with important international regulations such as universal design and accessibility. Criteria such as "outdoor space, transportation, shelter, social participation, communication/information, social support and adequate health services and access" supported by the WHO is now accepted as mandatory regulations that facilitate urban life. This design approach, which is also accepted as age-friendly city criteria, supports active ageing and socio-cultural life and creates comfortable and comfortable daily life levels.

In this sense, “the existence of physical environmental arrangements realised on the axis of active ageing” offers some opportunities for ageing individuals:

- The professional team (social workers, social policy experts, sociologists, psychologists, etc.) organised by public, local administrations and non-governmental organisations produce support policies for the older persons population with a multidisciplinary perspective,
- Age groups, which are still called as young population in the urban environment, are not only made conscious with the active ageing arrangements made, but also gain “active ageing awareness” with the “responsibility to manage the ageing process” as desired,
- With the perspective of active ageing, “micro and macro spatial designs” designed with a sensitivity that can challenge all obstacles in space design enable people of all ages and abilities to participate in social life,
- Arrangements that support active living are not only for the older persons, but also for the persons with disabilities, pregnant and vulnerable populations such as children; they provide the urban physical environment with the capacity of unassisted, comfortable and comfortable use and provide continuity to the city,
- This multifunctional and flexible use brought to the urban physical environment pattern brings vitality to the daily life of the older persons and increases their socio-psychological interaction with other members of the society,
- Arrangements made in the physical environment facilitate life economically and functionally when they “support living spaces”, and clarify the texture of the city through perceptual and intuitive methods,
- Regulations supporting active ageing also increase participation in social and political life by supporting human rights,
- Physical improvements/interventions made for the ageing population in the city through spatial arrangements facilitate the participation of the older persons in the daily life planes.
- Thanks to the arrangements, the participation of the ageing population in education, health and cultural activities is also supported,

- Regulations that facilitate the utilisation of rehabilitation services for the older persons also facilitate employment opportunities and make it possible for the older persons not to be cut off from economic life.

These regulations are accepted as important strategy and planning decisions in terms of organising and improving the urban physical environment. For the ageing population, it is possible to construct a more livable social life by removing all obstacles to participation in social life. In this sense, on the axis of universal design, accessibility and other legal regulations that contribute to the subject; the physical environment that supports active ageing supports the “mobility and independence” of not only ageing individuals but also individuals of all ages and abilities. The adequacy or inadequacy of the arrangements made are sometimes supervised by public and local administrations, and sometimes evaluated by academics, non-governmental organisations and associations.

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