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URBAN AGEING AND THE RIGHT TO THE CITY: EXPERIENCES OF
ELDERLY IN KADIKÖY

MERVE TUNÇER

115697015

DISSERTATION SUPERVISOR

PROF.DR. KENAN ÇAYIR

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Kentsel Yaşlanma ve Kent Hakkı: Kadıköy'deki Yaşlıların Deneyimleri

Merve Tunçer

115697015

Prof. Dr. Kenan Çayır (Dissertation Supervisor)

Prof. Dr. Alan Duben

Doç. Dr. Sibel Yardımcı

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ABSTRACT

This thesis aims to focus on older people's experiences at urban areas, and presents older people's relation to social and urban life in terms of participation and social inclusion in the framework of right to the city. In addition, it tackles the social policy and services for elderly provided by the local municipality in Kadıköy, and examine the relationship between elderly and the opportunities offered by the local government with regard to physical space and social life. The data of the study is based on in-depth interviews with participants from Kadıköy who are age 70 and older. The relation between elderly and urban is structured around three issues in the thesis. First, it discusses older people's perception on ageing and elderly and its relation to social participation and age discrimination; secondly, it focuses on physical environment's impact on older people's quality of life, accessibility and mobility. Lastly, it argues how the local government services shape and structure older people's relation to their neighborhood and community. Therefore older people's relationship with the local governments is discussed with regard to right to the city which coincides with one's right to transform the city according to their needs and demands. The study suggests that socio-economic class, gender and physical conditions of the space became prominent issues for older people to instrumentalize their right to the city and benefit from the social participation opportunities offered by the city.

Keywords: urban ageing, civic participation, right to the city, age friendly city, elderliness

ÖZET

Bu tez, yaşlıların kentsel alanlardaki deneyimlerine odaklanarak, kent hakkı bağlamında yaşlıların sosyal ve kentsel yaşamla olan ilişkilerini katılımcılık ve sosyal içerme açısından ele almaktadır. Bununla beraber, ilçe belediyesi olan Kadıköy Belediyesi'nin yaşlılara yönelik hizmetleri ve kentsel alanın mevcut koşulları ele alınarak, fiziksel mekân ve sosyal yaşam açısından yerel yönetimin sunduğu imkânlarla yaşlıların deneyimleri irdelenmiştir. Tez kapsamında yürütülen araştırmanın verileri İstanbul'un Kadıköy ilçesinde ikamet eden 70 yaş ve üzeri katılımcılarla yapılan görüşmelere dayanmaktadır. Tez kapsamında yaşlıların kentle olan ilişkisi üç temel sorunsal etrafında ele alınmaktadır. İlk olarak yaşlıların yaşlılık ve yaşlılara dair algılarının sosyal yaşama katılım ve yaşlılık ile olan ilişkisi tartışılmış, daha sonra kent mekânının fiziksel koşullarının yaşam kalitesi, erişilebilirlik ve hareketlilik açısından yaşlılar üzerindeki etkisi ele alınmıştır. Üçüncü olarak yerel yönetim hizmetlerinin yaşlıların içinde yaşadıkları mahalle ve toplulukla olan ilişkilerini nasıl şekillendirdiği irdelenmiştir. Buna bağlı olarak, yaşlıların kent hakkı bağlamında yaşadıkları semti kendi ihtiyaç ve talepleri doğrultusunda değiştirme imkânları, yerel yönetimle olan ilişkilerine odaklanılarak tartışılmıştır. Yaşlıların kent hakkını araçsallaştırma ve kentin sosyal katılım imkânlarından yararlanma durumunun, sosyo-ekonomik sınıf, cinsiyet ve mekânın fiziksel koşulları gibi temel sorunsallar etrafında şekillendiği gözlemlenmiştir.

Anahtar kelimeler: kentsel yaşlanma, sivil katılım, kent hakkı, yaşlı dostu kent, yaşlılık

INTRODUCTION

“A city isn’t just a place to live, to shop, to go out and have kids play. It’s a place that implicates how one derives one’s ethics, how one develops a sense of justice, and most of all how one learns to talk with and learn from people who are unlike oneself, which is how a human being becomes human” (Richard Sennett, The Civitas of Seeing, 1989).

This study is about the experiences of older people at urban areas within the frameworks of civic engagement, right to the city and social inclusion. I intend to explore older people’s relation to the city, how they are positioning themselves in terms of social participation and the challenges of urban ageing today.

Urbanization and population ageing are the two global trends that we are facing in the 21st century; while the cities are rapidly expanding and developing, the residents of the cities are growing old (WHO, 2007). International organizations and establishments consider age 60 or 65 and over as elderly (mostly referring to the retirement age). While United Nations’ standard is age 60 and older, World Health Organization (WHO) considers 65+ as elderly. Since developing countries are ageing at a much faster rate than developed countries (Plouffe and Kalache, 2010), older persons share in Turkey’s population is increasing. The percentage of people who are age 65 and over increased 17.1% in the last five years, and older population formed 8.3% of Turkey’s population in 2016 (TÜİK, 2017a). The demographic data shows that in the last decades, Turkey’s population is becoming an ageing population; the average life expectancy is increasing while the child mortality is in decline. Older people’s share in the population is expected to increase up to 20.8% in 2050, and 27.7% in 2075 in Turkey (TÜİK, 2013).

Although an ageing population is a new phenomenon for Turkey, it is not new to the developed countries. Older people’s share among the population is 31.3% in Monaco, 27.3% in Japan and 21.8% in Germany; while these three

countries are the oldest countries, older people's percentage worldwide is 8.7% (TÜİK, 2016a). As Fitzgerald and Caro (2014) argue "interest in older people in urban areas is increasingly becoming important in countries where there was previously a large rural to urban migration" (Fitzgerald and Caro,2014: 4). Since 92.3% of the citizens in Turkey are now living in cities (TÜİK, 2017c), urban ageing becomes more prominent. However, there is little research or programs on the challenges and benefits of urban ageing in Turkey considering the social policies and strategies incorporated by the governments.

Age friendly cities and communities play a key role on older persons' quality of life and life satisfaction in terms of engagement and participation. Alley et al. (2007) defines an age friendly city as "a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs" (Alley et al., 2007:4). That is to say, an age friendly environment combines both social and environmental dimensions to offer various opportunities to its senior citizens. Ageing in place stands here is a key component since it is based on the understanding to enable older people to age in their own houses and environments for as long as possible. The issue of age friendly cities incorporates various disciplines such as gerontology, sociology, architecture, urban planning, psychology and biology. Lui et al.'s (2009) study shows that, there is a significant influence of the neighborhood design and physical environment on the quality of life. Moreover, the socio-economic surroundings and systems such as housing, health and social care services effects older people life directly (Fitzgerald and Caro, 2014). The concept of age friendly cities is based on an integrated environment for elderly to both benefit from the opportunities and contribute to the community. All of these characteristics are in a strong relation with urban citizenship and a right to the city.

The right to the city is being used as an umbrella-phrase in recent years (De Souza, 2010). Although it derives from Lefebvre's conceptualization which refers to the "complete and full usage" of the space by its inhabitants by participating to the decision making processes and appropriating the city

according to the citizens demands (Lefebvre, 1996), today the understanding of the term refers to “a right to a better, more human life in the context of the capitalist city and on the basis of a reformed and improved representative democracy (De Souza, 2010). This understanding is adopted by several NGO’s and organizations today to enhance the citizen participation to political processes about the urban and now it encompasses the rights to better housing, rights to the public participation in urban design, rights against established property laws or rights to a communal good (Attoh, 2011). Harvey (2008) argues that, due to its collective nature, the right to the city depends on the exercise of collective power to reshape the process of urbanization. Since urbanization is an unfinished process, the right to the city enables the citizens to form and structure the city they live in according to their demands.

In the case of elderly, the right to the city is the key component for an age friendly environment. Put differently, senior citizens who earned the right to the city simply by *living in the city* (Lefebvre, 1996) has the right to transform the it according to their own needs and demands. Thus, participation and civic engagement opportunities offered by the government comes to light as prominent aspects for reclaiming and appropriating the city. The status and position of elderly in Turkey has an important role to understand these opportunities. Since an ageing society is relatively a new issue for Turkey, social policy for elderly is quite underdeveloped. Although national action plans on ageing prepared by various ministerial institutions, such as the plans by Ministry of Development, Ministry of Family and Social Policies, and Ministry of Health, the implementations of social policies for elderly are inconclusive. In this regard, the current status of plans and programs for elderly shows that the infrastructure and facilities of such institutions are not ready for an ageing population yet. Even though the action plans incorporate important issues like active ageing and ageing in place for elderly, the implementations of these policies are not going further from indicate the issues discursively. While most of the policies are health-oriented, the participation of elderly to social and urban life is rather a neglected

issue in the plans. Therefore opportunities and channels for older people to raise their voice over socio-political decisions and social engagement opportunities are far from being adequate. In order to achieve the goal of an integrated and age friendly environment for elderly, social plans and programs must be developed to empower and encourage older persons' participation.

The starting point of this study is based on the assumption that an accessible and healthy physical environment will enable older people to participate and interact within their community which contributes to their overall well being and enables channels for their contribution to the society. Because of this, older people's experiences at urban areas imply various meanings. On one hand, physical environment's conditions have a major impact on elderly in terms of accessibility, mobility and spatial participation. On the other, these physical conditions stand as the first steps for a livable community and a well-balanced social life for elderly. Thus, both environmental and social levels require a more holistic approach. While an age friendly city offers both of these features for elderly, older people's contribution to this age friendly city is in close relation with their right to the city. In order to provide a truly age friendly environment for elderly, their active participation to urban life and decision making processes as agents must be enabled by certain means. Since older people's agency is closely related with the perception of old age in society, older person stereotypes and age discrimination on the basis of old age becomes significant determinants of their experiences. Hughes defines ageism as "a complex of beliefs which condones the use of age as a means of recognizing a particular social group depicting the members of that group in negative, stereotypical terms, which consequently generates and reinforces a fear of the ageing process and a denigration of older persons" (Hughes, 1995 cited in Formosa, 2001: 16). These negative stereotypes of old age directly effects older persons' participation to social and urban life since they lead to self stereotyping and social exclusion from both the community and city.

In this study, I particularly focus on Kadıköy since Kadıköy has two distinctive aspects from other provinces in Turkey. Firstly, Kadıköy's older population is significantly higher considering the average percentage of older people in İstanbul; while the share of older people in İstanbul is 6.3%, this percentage is 17.7% in Kadıköy (TÜİK,2017). Thus, urban ageing comes to light as an emerging issue in Kadıköy due to its high proportion of elderly among the population. Secondly, Kadıköy Municipality became the second municipality from Turkey after Muratpaşa Municipality in Antalya, joining the Global Network for Age Friendly Cities and Communities by the World Health Organization in 2016. The aim of this network is to create a database for age friendly practices from "diverse cultural and socio-economic contexts" and collect good examples of social participation, civic engagement and a supportive physical environment for elderly (WHO,2007). The Social Center (*Sosyal Yaşam Evi*) of Kadıköy Municipality joined this database as an example of a program fostering social participation among elderly.

The research has been conducted in qualitative methods. A semi-structured questionnaire was used to collect data from in-depth interviews with participants from Kadıköy who are age 70 and older. I limited the participants with 16 people from different neighborhoods and socio-economic backgrounds in Kadıköy; half of the participants were women and the other half was men in order to adopt a more comprehensive look based on gender. The interviews conducted between March and May 2017. The data collected through interviews have been analyzed with MAXQDA 12. Also I conducted interviews with policy makers and social service officers from Kadıköy Municipality to collect data about the services and policies for elderly in Kadıköy. The study's data is based on the interpretation and discursive analysis of the participant's statements and the opportunities offered by the local municipality. I presented the discursive patterns of the participants and discussed the experiences of elderly at urban areas in Kadıköy with regard to right to the city and age friendliness.

In the first chapter of the thesis, I present the theoretical framework of urban ageing by focusing on the issues of ageing, age discrimination and the environment's impact on elderly with regard to age friendliness and right to the city. First, I present the implications of ageing and the importance of active ageing in later life for quality of life. Then I focus on the theories of ageing and the outcomes of an aged society by incorporating the social aspects of ageing such as ageism and age discrimination by referring to certain theoreticians such as Robert Butler, Bill Bytheway and Erdman Palmore. Additionally I discuss the link between age discrimination and participation to social life on the basis of environmental gerontology and present the main features of an age friendly city introduced by the World Health Organization. Lastly, I present the concepts urban citizenship and right to the city to form a basis for older people's participation to the urban and social life by referring to Henri Lefebvre, David Harvey and Peter Marcuse.

The second chapter addresses the background of social policy for elderly and older people's current status in Turkey. In this chapter, I present the statistical data on ageing and the current situation of older people in Turkey to form a basis on the issue. Then, I will discuss the perception of elderly about themselves, how they are positioning themselves and the older person stereotypes in Turkey. I focus on the relation between these perceptions of elderly and social policy for elderly by discussing the services offered by the ministries and municipalities for elderly and analyzing the content of the action plans on ageing. And lastly, I demonstrate the social and care services offered by İstanbul Metropolitan Municipality and Kadıköy Municipality to its senior citizens.

In the third chapter, I analyzed the data obtained through in-depth interviews with older participants from Kadıköy and policy makers from Kadıköy Municipality. First, I discussed the participants' perception on being old and focus on the correlation between the stereotypes and their self images. Secondly, I analyze the participants' experiences at the urban areas in Kadıköy with regard to age friendly features of the physical environment and demonstrate the challenges

and benefits of ageing at cities. Finally, I examine the participant's experiences in terms of participation, social inclusion and civic engagement at Kadıköy with regard to opportunities to use the right to the city.

CHAPTER I

A THEORITICAL APPROACH TO URBAN AGEING: STATUS AND CHALLENGES FOR ELDERLY

With the rapid urbanization, the elderly population at cities confronted with new challenges in their everyday lives. An integrated physical and social environment is important when arguing the position of the elderly at urban areas. Because of this, the encouragement of bottom up participation and involvement of seniors in voicing their own concerns at decision making processes becomes highly important to provide heterogeneity at urban life and enhance older people's quality of life. Most of the challenges of urban ageing are in close relation with social participation, inclusion and civic engagement. In order to understand these relations, the current situation of elderly who are living in cities and the socio-political implications of these challenges must be taken into consideration. In this chapter, I will demonstrate the issues of an ageing society and the social ties which shape the older people's participation to social and public life at urban areas.

1.1. Understanding Ageing and Active Ageing in Later Life: The Social Implications of Old Age

The Turkish Language Institution (TDK) defines ageing simply as getting old (*yaşı ilerlemek, ihtiyarlamak*), while the Oxford Dictionary defines ageing as “the process of growing old”. As we can see the concept ageing does not point out to a certain age or an era but it is simply as a process in the life course. But there is a common understanding today relating ageing only with the elderly. Because of this, discussions around ageing mostly focus on ageing in old age. But ageing and old age are both subjective concepts and have a variety of meanings depending on culture and geography. Gerontology, as the science of age and ageing incorporates three dimensions of ageing as biological, psychological and social. While biological gerontology mostly focuses on the biological processes during ageing such as differences and declines in the physical and cognitive

abilities, psychological gerontology focuses on the psychological aspects of becoming old. However social gerontology provides a more general outlook at the older people's lives by incorporating both the psychical and social environment and by issuing the social life's affects on the individual. As Cannon (2015) argues, three types of age are taken into consideration in ageing studies; *Functional age* is based on an individual's ability to perform a certain role or a function. *Chronological age* is usually considered as an arbitrary marker, but commonly used in processes of decision making –especially by institutions- and subjective age, which is based on the view of the person about himself/herself. *Subjective age* is argued a lot in the field of ageism studies since it primarily emphasizes one's idea and perception of himself/herself. The perception on ageing differs within private and public spheres. While most of the older individuals have a more subjective and variable understanding on ageing, governments and institutions have a more or less similar understanding on the issue.

The above theories of ageing combine the social and biological sciences and provide a more comprehensive look on the subject. For example, the life course perspective refers to a multidisciplinary field combining the social, cultural and biological aspects of ageing. As Giele and Elder (1998) define it, “life course refers to a sequence of socially defined events and roles that the individual enacts over time” and it differs from the concept of the life cycle in allowing for many diverse events and roles that do not necessarily proceed in a given sequence but that constitute the sum total of the person's actual experience over time” (Giele and Elder:1998:22). It recognizes the cultural and structural contexts of a person's lifelong development. Hasworth and Cannon (2015) argue about three social theories on ageing which explores the adaptation to age related changes. Activity theory suggests that an individual's life quality and general wellbeing depends upon social participation and daily hobbies. This theory relates social activity with the individual's overall health and satisfaction. Hooyman and Kiyak (2011) highlights that the activity theory is criticized by many practitioners and

academics for issuing ageing as a problem needed to be overcome. Hasworth and Cannon (2015) argue that the disengagement theory proposed as a response to the activity theory. This theory claims that the gradual withdrawal from previously held roles can be beneficial for both older adults and society. Hooyman and Kiyak (2011) also emphasizes the critics on this theory at claimed that the disengagement theory is no longer accepted by gerontologist because it simplifies the withdrawal process and ignores the variety of individuals within society.

Continuity theory is another theory argued within the ageing studies. It claims that the age related changes are not as dramatic as it shown regarding the older adult's behavioral preferences. Older adults obtain new roles as they age and continue to their social life more or less the same manner. Hasworth and Cannon (2015) argues that people who have always been outgoing and engaged in their communities are likely to continue to do so in old age. This theory challenged by other theorists and practitioners claiming that it ignores the fact that the physical environment and health issues can be troubling for older adults to continue their lives as it was before.

Despite its shortcomings, modernization theory is also used to describe the status of older adults and the process of ageing. Cowgill and Holmes (1972), emphasized the outcomes of the modernization process and its relations to ageing. The modernization theory is criticized by other theoreticians for oversimplifying the complex processes and interactions within society. However, theorists like Palmore (1974) and Cowgill (1974) focus on the impacts of industrialization and modernization by highlighting the changes in education, population, urbanization and family. First of all, Cowgill argues that retirement has a significant importance in an older adult's life. With rapid industrialization, the market demanded an immense workforce which resulted in a more competitive environment. As he argues, the market always demands new skills and abilities to improve its profit which is usually provided by younger generations. Cowgill (1974) claims that, this demand for younger generations and involuntary retirement resulted in with the loss of status of the older adults within society.

While medical technology improves and provides a longer and healthier life for older adults, the need for them in the market declined. Before industrialization, the younger generations were economically dependent on older adults. But modernization has changed the balance between the old and young generations. Also the superiority of scientific knowledge over traditional forms of knowledge changed the status of older people in society. As the form of education and family changed over time, the value of their knowledge and status of the older people declined. Apart from the status loss in the micro-level, an ageing society started to be seen as a challenge for modern societies. This resulted in perceiving old age as an unwanted era of an individual's life and perceiving an ageing society as an obstacle for a powerful state in the macro-level.

The profit-oriented approach of the modernization process significantly devaluated the knowledge and status of elderly. New forms of knowledge emerged and replaced the elderly's traditional, experience-based knowledge. This resulted in ignoring the elderly's economic and social contribution to the society. On the other hand, the rising numbers and proportions of older population within society and declines in fertility became the most dominant global demographic trends in the second half of the 20th century. This new demographic pattern perceived as both a human success and a challenge. Technological developments in medicine and improved living standards contributed to the welfare and longevity of human lives. Baby boomers generation –which refers to the generation born between 1946 and 1964- in Western societies started to get older and governments started to worry about their healthcare costs in old age. So in aged and ageing societies, elderly started to be seen as the inactive population which contributes nothing to the society but benefits from the contributions of the younger generations.

The life course approach, conceptualized after the World War II, provides a more holistic approach in ageing studies. The life course approach finds its basis in the early functionalist and structuralist theoreticians such as Durkheim, Levi Strauss and Parsons. It generally follows two patterns of thoughts; a structural

approach that takes social surroundings of the individual into account and argues about the structure's impacts on the individual, and, a dynamic approach that follows the story of individuals over time. Giele and Elder (1998) set four key factors that determine the shape of the life course; *a) location in time and place*; which refers to the cultural background (for example experiencing the Great Depression), *b) linked lives*, which comprehends the mutual influence of individuals on each other, *c) timing of lives* (strategic adaptation) which can be understood as passive and active adaptations of people for reaching their goals, and *d) human agency* (individual goal orientation), which refers to individuals active decision making processes and goal oriented life organizations. They argued that, these four components of life course concomitantly reinforces and influences each other and forms different trajectories of the life course.

Also, the life course approach emphasizes generation as a concept that is linked to both history and age. Thus it incorporates the heterogeneity of individuals and context specific experiences. For instance, as Cannon (2015) emphasizes, people's experiences of the same past incident can be different depending on their class or gender even if they were at the same age when they experienced the incident. Similarly, life course approach takes social roles into consideration when formulating an understanding on age. Being a parent, a son or a boss means having different social roles within society, and it means experiencing different, subjective ages.

As it is clear from the theories on ageing, the concepts of age and ageing have variable meanings depending on different disciplines and contexts. It is important to understand age as a socially and culturally constructed phenomenon. As Çayır (2012) highlights, age categories such as child, young and old don't have an objective meaning, they don't have a universal definition which is valid for all times and societies. As Giele and Elder argued, age, in contrast to generation, "has stood for the inevitable physical and mental changes in the individual that come with getting older" (Giele and Elder, 1998:23). This definition seems to be the consensus point of theorists from different fields such

as biology, sociology, psychology and gerontology. Still it is important to remember the subjective nature of age. Neugarten and Peterson (1957) observed in their studies of age, that working class people felt older than middle class people of the same age (Neugarten & Peterson cited in Settersten & Mayer; 1997). As Otrar and Kurtkapan observes in *İstanbul'da Yaşlanmak: İstanbul'da Yaşlıların Mevcut Durumu Araştırması* (2015), 22,4 % of the participants responded that old age begins when a person becomes dependant on someone else, and 19.1 % responded that old age begins when a person's number of illnesses increase. Also they observed that 48,8 % of the participants responded that old age begins between age 65-75, and %37,4 of the participants said it begins between age 50-60. As it is seen, theories tackling ageing and aged societies differ from each other and most of the theories are context-specific. But these theories are important to emphasize in order to understand the status of older adults and the outcomes of ageing in modern societies.

Developed countries started to take concrete actions earlier than developing countries like Turkey because of the larger proportion of elderly within their societies. Active ageing become a prominent issue of developed country's social policy agenda at the end of 20th century. Active ageing first conceptualized in the late 1990's. WHO defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002). Active ageing basically refers to maintaining autonomy and independence as one grows older to have a healthy life expectancy. It is based on the recognition of the human rights of older people, therefore emphasizes the dignity, care and self fulfillment of individuals.

The adoption of the active ageing process by global organizations and institutions is important to understand because of its rights-based approach rather than a needs-based approach. Most of the programs within the active ageing policies are psychical activity based programs, but the main focus is to encourage and balance personal responsibility (self-care) and age friendly environments. In 2001 International Council of Active Ageing (ICAA) was founded with the

mission “to promote active aging as a solution to improving the quality of life for older adults” and organizing activities such as Active Ageing Week every year to celebrate ageing and promote the benefits of a healthy life in old age.

Although the emphasis on active and healthy ageing is becoming more and more central to social policies today, it is still an ignored aspect of ageing. The increased engagement of the elderly to the society can foster new understandings at both individual and societal scales. In addition, the encouragement and promotion of active ageing could be a key component to overcome different forms of discrimination towards elderly in our society.

1.2. Ageism and Age Discrimination Towards Elderly

The questions of ageism and age discrimination are at the very heart of understanding today’s social policies targeting the older population. Ageism first became an issue around mid 1900’s in the developed countries. The actual term “age-ism” firstly used by the American gerontologist Robert Butler in his article *Ageism: Another Form Of Bigotry* published in *The Gerontologist* in 1969. In his milestone article Butler put forth the argument that, ageism was an under-discussed issue considering the other social discrimination forms such as racism and sexism. According to him, class, color and age have always been parts of the structure of the American communities. His correlation between the issues of age and race emerged from a housing case in Chevy Chase. At that time, most of the poor elderly population was black and the National Capital Housing Authority was planning to place the elderly poor to a new apartment, later called the Regency House. But the Chevy Chase residents were irritated by this proposal because they were thinking that the receivers were undeserving and they considered it as an overdone regulation for older people “who were not accustomed to luxury”. The regency houses were customized according to the needs of elderly; they were close the public transport stations, drug stores, parks and supermarkets.

According to Butler, this incident of Chevy Chase was a victim blaming case. He was associating the general negative attitudes towards the elderly with fear and insecurity. “The classic of scapegoat explanation for prejudice turns upon the unconscious effort to justify one’s own weaknesses by finding them in others- in other races, religious, or nationalities. Personal insecurity, once generalized, becomes the basis of prejudice and hostility” (Butler,1969:243). Nonetheless, he was also aware that the issue of ageism was not only towards the older population. He carefully noted that the prejudice and negative attitudes based on age were against the wider population of the society. But he was arguing that “aging is the sleeper in American life”(Butler, 1969:245) so he mostly focused on the elderly.

Another important point of Butler’s 1969 article is that he was aware of the fact that these well equipped apartments with air-conditioning, swimming pools and off street parking were only the parts of the solutions. He noted that rather than a policy focusing on housing programs for older citizens, it is more important to provide a sustainable lifelong utility program for elderly, so they can live anywhere throughout the cities.

In 1980, Butler published another article named *Ageism: A Foreword* (1980) where he deepens his concept and its relation to other institutions. According to Butler, “there are three distinguishable yet interrelated aspects to the problem of ageism; 1) prejudicial attitudes toward the aged, toward old age and toward the ageing process, 2) discriminatory practices against the elderly, particularly in employment, but in other social roles as well, 3) institutional practices and policies which often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity” (Butler, 1980:8). He argued that these three dimensions of ageism was mutually reinforcing to one another. The first aspect is closely related to today’s well-known perception of ageing. On the one hand, individuals consider ageing as a natural process, a direct path to the expected life course. But on the other, it is considered as an unwanted process in life, most people link ageing with incapability, insufficiency and a decrease in life quality. The second

aspect of ageism is more relevant to the attitudes within the community. This may or may not be intentional, but it reveals itself in our everyday life, in our language, our practices and behavior. The last aspect is the institutionalized form of ageism.

Butler is giving an example of the institutionalized form of ageism and focusing on the relationship between older people and health services. He argues that the fear of ageing is mostly derives from people's belief on diminished capacities. According to his argument, people believe this incapability and decrease in old age so much; they are unintentionally practicing ageist behavior. He claims that "10 to 30 percent of all treatable mental disorders in older people are misdiagnosed as untreatable" because health givers believe that mental disorders at old age are natural process (Butler, 1980). This embodied ageism is deriving from our society's belief on ageing as a uncomfortable and dreadful process.

Bill Bytheway (2005) argues that there are two different definitions of ageism; the broad definition is based on the biological process of ageing which is closely related with fear and prejudice, and then there is the narrow definition of ageism which covers the discrimination against older people on the grounds of age. According to him "both definitions incorporate the perception of age as a category that is distinct from ordinary human beings" (Bytheway, 2005:361). The younger generations categorize "the old" based on presumptions and stereotypes. He argues that the main base when they are categorizing the old is the birth dates. According to him, age is always measured. In that sense, the older person's appearance is less precise than the date of birth when we consider someone's age. Because of this, most people ask someone's age or make an assumption about his/her age when categorizing that person.

With the recent developments of plastic surgery technologies, the awareness of clean eating habit's effects on ageing, cosmetics and dressings, people have more control over their physical appearances than before. But the evaluation of age is still under the control of institutions. Our birth certificates reveal our date of

birth and they are the main source of age measurement in both our everyday lives and our institutionalized selves. In our everyday encounters we categorize people according to their age just as an institution categorizes us under certain age categories. According to Bytheway, the age categorization itself is problematic. First of all, it may ignore our social age and second, it may be homogenizing. For example, he argues that “there is a well established tradition to lie about age, either to overcome age barriers or to avoid the stigma of age” (Bytheway, 2005:363). Age categorization may lead to social tensions between different social groups or can lead to overlook the different characteristics. As in the example of lying about age, most age categorizations construct age boundaries, which are posing a risk for ageist practices since they are limiting.

This misconception of ageing is closely linked with the idea that the ageing societies are inevitably societies in decline. Macnicol argues that “the goal of staying ‘forever youthful’ has become something of fetish in modern societies” (Macnicol, 2006:5). These impositions and negative attitudes constantly restructure our beliefs in ageing as an undesirable life time. Macnicol argues that age itself is meaningless, but the underlying implications of the ageing process are constructed through social processes and cultural attitudes. The institutionalized form of ageism is thereby fostered by these cultural and social processes.

Macnicol (2006) discusses the importance of age in our personal relationships. He claims that most of us are “intensely aware of the precise social demarcations based upon age, and feel uncomfortable if we stray into an age-inappropriate social setting” (Macnicol,2006:3). This is because age distinctions amongst us and judgmental behaviors towards each other are woven into our pattern of thinking. Individuals are disposed to categorize people according to their age, gender and race unintentionally as a way of making sense of the world. This pattern of thinking is closely related with an individual’s social identity. Social identity refers to the social settings where the individual categorize himself/herself according to his/her belongingness to a certain group and behaves according to this group identity. Individuals define themselves based on the social

group they belong and incorporates the social values of that specific group. Turner (1975) refers to social identity as the individual's knowledge that he/she belongs to certain social groups together with some emotional and value significance to him/her of this group membership. In this interpretation, social identity is closely linked with social categorization. Tajfel (1974) argues that, social categorization refers to grouping people in terms of social categories in order to make it meaningful to the subject in his/her social environment. He argues that social categorization provides the means of systemizing and organizing the social environment. Madran (2012) argues that social categorization sets the basis of stereotypes. As we categorize individuals in certain groups, social categorization leads to belongingness to a certain social group and by doing this, spreads the seeds of stereotyping and discrimination.

Macnicol argues that this categorization is related with *social age*. Social age is derived from socially ascribed age norms and age appropriate behaviors. Social age determines individual's levels of social interaction; it is closely related with biological age and regulates individual's status in the hierarchical order. This is why along with class, gender and race, age is also a component of inequality in societies. But as Macnicol emphasizes, ageism is the least acknowledged issue among the others. As Levy and Banaji (2002) argues the reason ageism is less acknowledged and discussed less widely than racism or sexism, is because there is no certain hate group targeting the elderly. Although ageism or age discrimination is not new to social science researches, its acknowledgement among society is quite low.

Ageism and age discrimination are understood in different dimensions. According to Macnicol (2006), the debate on age discrimination in employment became an issue around 1920s and 1930's in both USA and Britain. Butler (1969) describes ageism as "a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin color and gender" while Macnicol broadens the concept and defines it as "the application of assumed age-based group characteristics to an individual,

regardless of that individual's actual personal characteristics". On the other hand, Macnicol describes age discrimination as "the use of crude age proxies in personnel decisions relating to hiring, firing, promotion, re-training and mandatory retirement" (Macnicol,2006:6). According to these definitions of ageism and age discrimination, it can be understood that these concepts are inter-related and mutually fostering each other. As he argues, it is irrational to discriminate older people since we are all become older one day. But the perception of generation gap ignores this fact and categorizes older people under a different form of being. Generation gap refers to the distinction between younger and older generations based on the social and cultural norms and values. It consist the opinions, beliefs and actions of a certain generation and highlights the differences between different age groups. The understanding of a generation gap forms a lack of communication between different generations, and abolishes the possibility to form a healthy dialogue environment between the young and old.

Margaret Mead claims that "in most discussions of the generation gap, the alienation of the young emphasized, while the alienation of the elders may be wholly overlooked (Mead, 1970:62). The younger generations distinguish themselves from the older in all aspects. They build stereotypes to categorize the elderly and make a distinction between themselves. For instance, in younger generation's point of view, older people are mostly considered as senile and rigid. Most people assume that older people are conservative and old fashioned in manner and thinking. In addition, some theoreticians argue that the generation gap and discrimination also derives from the sight of older people. As Bytheway (2005) argues, the psychical appearance of the elderly carries implications about being old. The body of an older person reminds the others of their own mortality.

While the understanding of the generation gap can be the root cause of ageism, the implicit form of ageism can also be the reason of ageist attitudes. For Levy and Banaji (2002), "one of the most insidious aspects of ageism is that it can operate without conscious awareness, control, or intention to harm" (Levy and Banaji,2002:50). Macnicol (2006) also highlights the implicit form of ageism and

argues that “ageism is embedded in our patterns of thinking (thus frequently manifesting itself in covert and subtle ways) and in unspoken assumptions, enduring myths, stereotypes, popular imagery and iconography, and societal acceptance of age-based decline as inevitable (Macnicol,2006:9).

As Macnicol, Levy and Banaji emphasized, implicit ageism is usually formed by unintended and unconscious behavior. This form of ageism partially originates from a lack of knowledge. Palmore (1990) argues about the pseudo-positive ageist attitudes; the unintentional ageist behavior towards elderly where the main intention is good but insincere. For example when a person mentions her/his age and says she/he considers himself/herself as “old”, telling that person that “she is not old at all” is a pseudo-positive behavior because there is an assumption underlying that statement that implies being old is an undesirable thing.

As we categorize older people under certain characteristics, we are causing them to form an idea about themselves and act accordingly. This usually reveals itself as self-stereotyping. Self stereotyping is in most cases related to social groups and categorizations because individuals are disposed to act according to their social group characteristics. If we consider elderly as a social group distinguished from other social groups, there are certain implications and behaviors expected from the elderly. While the stereotype of an old person can be a slow, sick and senile grandparent, the self image of an individual can be derived from this stereotype as well and can cause self stereotyping. Levy (1996) argues about positive and negative self stereotypes at old age. Positive self stereotyping derives from the positive aspects of being old such as becoming more mature and wise with age, while negative self stereotyping derives from the negative aspects of being old like becoming psychically slow or forgetful. Levy and Banaji (2002) argues that self perceptions and performances are activated by stereotypes. For example, Cuddy and Fiske (2002) argues that, older people in most societies are “pitied but not respected”. While this understanding derives from a stereotype of elderly who are seen as incapable and senile, this stereotype causes negative self

stereotyping and affects older people's self respect and self esteem. So it is important to understand that stereotyping and self stereotyping are mutually reinforcing each other and forming ageism.

The environment's impact on elderly's social life and its relation to ageism also became an important aspect of issues related with ageing societies. Considering the growth of the portion of elderly population in cities in the last decades, designing the city in terms of age friendliness became an urgent issue. An elderly friendly environment is now seen as a key for integrating the older people to the society and empowering them. Institutions both at national and local level started to incorporate elderly friendly features to their social agendas; civic participation and social inclusion of the elderly are now considered as key components to overcome ageism and age discrimination.

1.3. "Cities for All": Providing an Age Friendly Environment

The concept of age friendliness is usually understood as elderly-friendliness; but in fact it encompasses all ages. According to WHO's Global Age-Friendly Cities: A Guide (2007), age friendly cities must provide the structures and services to support their residents' wellbeing and productivity. World Health Organization set eight domains for an age friendly environment for elderly in cooperation with different institutions worldwide. In this section, I will discuss the features and importance of these domains.

The senior residents of the cities play a key role for promoting the age friendly features because of the global trends of urban ageing. By 2030, about three out of every five people in the world will live in cities. While the citizen's are growing old, making the cities more age friendly becomes more important. Active ageing practices provides a framework for age friendly cities; in an age friendly city, the settings and structures of the urban areas support and enable people to age actively. According to WHO (2007), active ageing is "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". It includes material conditions as well as social

features. An age friendly city should encompass all of the active ageing features in order to become sufficient and livable for all ages. Transportation, housing, social participation, civic participation, communication and information tools and health services are the main factors of an age friendly city. Affordable, accessible transportation and housing are seem to be the most important factors of daily life at urban areas. Public transportation is highlighted more than self driving at old ages because it is considered as a cheaper and safer option. In order to provide safe and affordable transportation, they must be frequent and comfortable. The travel destinations should be well-connected and easy to access; they should allow people to reach key destinations such as hospitals, parks, banks and shopping centers quickly. Also the transportation vehicles must be specialized for the needs of the elderly and for people with disabilities. Feeling of safety is another issue when it comes to transportation. It should be safe from crime and not overcrowded. As one İstanbulite expresses:“The main problem is getting on and off the buses. Which of your pockets are you going to control? While you are looking after your pocket, you see that your purse has gone” (Older person, İstanbul (WHO, 2007)).

Housing is also considered as a main issue in İstanbul. Ageing in place is one of the most important features of urban ageing. Older population cannot find an affordable and safe place for themselves. The housing must be close to the essential services, designed for all ages and must be modifiable if necessary. Ageing at place promotes these factors while giving the opportunity to integrate with community and the living environment. The environmental conditions play a key role at the older people’s life quality; air pollution, noise, the cleanliness of the streets and access to clean water are important.

Green spaces and walkways are also highly important in the case of an age friendly city. The older people spend most of their times at parks and green areas if they are doing outdoor activities. In order to provide a safe and well maintained environment the green areas must be easy to access and adequately sheltered. For example there must be enough outdoor seating, the pavements must be clear and

have a smooth surface. The roads and crosswalks have to be well designed to ensure the old pedestrians safety at traffic. The issue with traffic and transportation is mostly focused on public transportation. The urban regulations are encouraging the elderly to walk (if the distance is close) or to use the public transports. But in order to promote active ageing, self driving must be encouraged too. The disabilities of older people can force them to use public transportation in some cases, but in principle, the urban areas must be designed to overcome these disabilities. So in an age friendly city, self driving must be promoted too.

The architectural design of urban areas includes the arrangements of building and outdoor spaces. For this reason, elevators, ramps, well balanced stairs, non-slip flooring and enough public toilet capacity is a part of the age friendly urban setting. Besides from these spatial regulations and features, an age friendly city must promote social integrity; civic participation, social inclusion and intergenerational communications is key to understand the social integrity with place. The local municipality and NGO's play an important role here. Social participation can be provided by organizing accessible events and activities for older people. In order to provide participation, the events must be affordable and times of the events must be convenient for older people. The nature of the events should be fostering intergenerational interaction. Communication and information is another issue troubling older people. There are too little opportunities for elderly to interact with other generations and this is affecting their right to get information. The way of distributing information is changed quickly over the years. Most of the information became accessible easily online. But similar to other countries in Turkey, the rates of internet and computer using among older people is low. To inform the older people properly, the information on transportation, housing, news or events about the neighborhood must be written/printed. Also oral communication with a plain language with elderly is preferred. The accessibility and information of health services must be clear for all ages. The rest of the community must be encouraged to volunteer for support to assist older people.

The municipalities are responsible of the civic participation of older populations. Events and activity organizations are important to foster participation, but employment, education and volunteering options are also has a critical role. Opportunities for voluntary or paid work must be created and older people must be informed well about them. According to WHO, retirement should be a choice, not an obligation. There must be flexible job options like part time or seasonal employment for older people. The amount of pensions in Turkey is a frequently highlighted issue. In most studies, elderly, especially if they are living in metropolitans, complain about how their salaries are too small and not enough for anything.

Training and voluntary work are also have to have wide options for older people. These civic participation options are important for older people's self esteem and mental health. Depression and anxiety are common mental problems among older people. For example, the withdrawal from work life or the lost of a life partner can lead to feeling loneliness or social exclusion. The policies, programs and plans for older people must include contributions from older people. They must be respected and acknowledged for their contributions to feel included.

An integrated physical and social environment is the key factors of an age friendly city to provide proximity, security, affordability and inclusiveness for the elderly, but as Lui et al. (2009) argued when they are establishing the features of an age friendly community, the emerging ideal of an age friendly community should incorporate bottom up governance and social environment. As they compare the age friendly features published by different organizations and institutions such as WHO, American Association of Retired Persons, National Association of Area Agencies on Ageing and the AdventAge Initiative from the US, they observed that most of the literature is based on this incorporation of the social and physical environment. Also they emphasized that the literature supports community participation as well as stakeholder involvement in collaborating with local government leaders to build a community with age friendly features (Lui et

al.,2009:118). The literature on age friendliness and ageing in place mostly relies on the implications of environmental gerontology.

1.3.1. Environmental Gerontology: The Impact of Environment on Elderly

The issue of ageing in place is crucial to understand older people's well being and life quality. In the broader sense, ageing in place indicates an older adult's residency at a place of his/her own choice as long as he/she can maintain. As people age, their physical and mental capacities may have change and this can be concluded with decreased mobility and increased risks of accidents. The International Plan of Action on Ageing published by the United Nations in 2002 has declared "ensuring and enabling supportive environments" as one of their priority areas. The recent national action plan on ageing published in 2014 by the Ministry of Family and Social Policies also highlights the issue of ageing in place by setting an implementation program for active ageing. One of the goals of the national action plan is to reduce the negative effects of the factors that increase dependency for the elderly. In order to reduce these effects, environmental gerontology's issues must be taken into consideration.

Environmental gerontology is a relatively new subject in the field of gerontology. In the early 1960s, environmental gerontology developed with "the mission to improve the lives of the increased elderly populations, as well as the increasing demand for applied research" (Schwarz, 2012:5). More recently, research in environmental gerontology focuses on the "collection of empirical observations that are used inductively to produce overarching statements about the relationship among the elderly and the environment" (Schwarz, 2012:15). By its nature, it is a multi-disciplinary field combining gerontology, sociology, city planning, architecture and social-behavioral sciences. Its main intention is to understand and explain the interaction between the environment and older people. According to Kendig (2003); environmental gerontology has two dimensions; a) active use of space and micro-environments and b) changing populations and macro-environments (Kendig, 2003:611). It incorporates both scales to improve

and maintain older people's lives. Although older people's environment begins with their homes at the micro-level, it expands to their neighborhoods and cities at the macro-level.

It is important to encourage home environments for independence and well being in old age. For this reason, the re-modeling of houses according to the needs of older people, providing safe transportation lines to their houses and improving mobility conditions inside the house is crucial. Luckily, as Kendig argues, there has been a growing convergence of interests between the governments wishing to limit care costs and older people wishing to age in place in their own homes (Kendig, 2003:614). Older people's experiences at their home environments directly affect their life continuity and even their identity in the community. This is why, providing accessible spaces for older people to change, manipulate or to perform certain tasks is important.

1.4. Urban Citizenship and The Right to the City

The concepts of environmental gerontology and age friendly city are interwoven with the concept of the right to the city because of its emphasis on accessibility and participation. The *right to the city* has a broader meaning today in comparison with its meaning and usage in Henri Lefebvre's 1968 book *Le Droit à la ville* (The Right to the City). The meaning and understanding of the term extended and changed over the past decades. De Souza (2010) claimed that the concept of the right to the city has become a "fashionable term and now is being used as an umbrella phrase –just like sustainability" (De Souza,2010: 315). Today, the term is used as a collective and socio-economic right to housing and transportation by most of the academics and NGO's. But despite its understanding as an element of a participatory democracy and its compromising position, Lefebvre conceptualized the right to the city as a revolutionary notion which will lead the society to go beyond the state.

Lefebvre's idea of the right to the city was a part of his understanding about the urban. From a Marxist point of view, Lefebvre argued that the urbanization

was not the surplus of the capitalist accumulation but the force which creates certain conditions for capitalism. He adopts a more holistic perspective than other scholars who are seeing urbanization as the result of industrialization. He made a clear distinction between *the city* and *the urban*. As Purcell (2013) emphasized, in the *Urban Revolution* (2003) Lefebvre argues that the contemporary city is the capitalist city, which is not the urban at all, but merely an impoverished manifestation of it, an urban world reduced to its economic elements (Lefebvre,2003:35 cited in Purcell, 2013: 148). He emphasizes the issue of private property and alienation to the urban. For him, the private property rights were alienating the urban space from its inhabitants, but the city belongs to those who inhabit it. He uses the term *habitat* to highlight the functional separation of spaces in urban areas. These separations results in residential segregations and then creates sterilized spaces (i.e. gated communities). This segregation prevents the users from encountering and interacting with each other. As Purcell emphasizes, Lefebvre understands *the urban* as a space to “encounter, connection, play, learning, difference, surprise and novelty” and sees the right to the city as “a struggle to de-alienate the urban and re-integrate it into the web of social connections” (Purcell, 2013:149). So Lefebvre’s idea of the right to the city is in a needs and expectations. This appropriation is closely linked with his idea of *autogestion*. As a form of self-management, *autogestion* in Lefebvre’s understanding expands to his interpretation of a socialist system.

According to Lefebvre, *autogestion* is a necessary component of the proletariat dictatorship and is closely related to participation. He emphasizes that in urban areas, participation is impoverished; inhabitants don’t have a voice in decision making processes. For him, the ideology of participation will foster real and active participation of the citizens. So “participation among activated citizens is just one manifestation of the broader agenda of *autogestion* (...) It means inhabitants increasingly coming to manage the production of urban space themselves” (Purcell, 2013: 149). This is related to Lefebvre’s understanding of the *oeuvre*. For him, the city is an *oeuvre* “closer to a work of art than to a simple

material product (Lefebvre, 1996: 101). For him, this *oeuvre* is produced by the labor and daily actions of those who live in it, in other words by the inhabitants. As De Souza (2010) highlighted, Lefebvre's ideas on the right to the city was not reducible to the right to better housing or transportation in the framework of the capitalist city. But more recently, discussions around the concept of right to the city have become part of the discussions on gentrification, housing and transportation policies and urban citizenship. This is mostly because of the wide variety of institutions adopting and appropriating the concept with a different and more concrete understanding. While Attoh (2011) argues that, the current usage of the right to the city by scholars offers a radical openness, de Souza (2010) sees it as "a danger of a vulgarization and domestication of Lefebvre's phrase by status-quo conform institutions" (de Souza,2010: 316). These critics focus largely on the understanding of the concept by certain NGO's and development agencies. In a nutshell, he argues that these institutions interpret the concepts as a protectionist economic policy which tries to combine and bring together the market with ecological goals. Today in most cases, the right to the city refers to a more decent life and civic participation in the framework of the liberal representative democracy. So we can say that, today in a broad sense the understanding of the concept shifted towards a more reformist sense than a radical one.

David Harvey, on the other hand, is one of the scholars who still hold on to the original sense of the concept. Similar to Lefebvre, Harvey sees the right to the city as "a right to change ourselves by changing the city" (Harvey,2008: 23). He sees the right to the city as a collective right rather than an individual one. According to him, to have a right to the city means having a command over both the use and the distribution of the urban surpluses. The use value and the exchange value of the urban are central to this understanding at this point. Harvey (2008) argues that, in a world where the poor is swept out by the new business elites and the wealthy (he sees this as a insidious and cancerous progression), the right to the city is an interest in democratizing and re-claiming the urban spaces. The right to the city "depends upon the exercise of collective power to reshape the

process of urbanization” (Harvey,2008: 23). So similar to Lefebvre, Harvey also sees the urban as a space of struggle.

Attoh (2011) argues the nature of the right to the city, as he puts “while some scholars treated the right to the city as a collective and socio-economic right to housing and transportations, others have treated it as a classic liberty right against state interference or state surveillance in public protest” (Attoh,2011:670). Today the usage and meaning of the concept has a variety of meanings tackling different issues of the urban. A common standpoint is based on the understanding of the right to the city as a political collective right. Dikeç’s understanding of the concept is based on a right to political space and a national citizenship. To him, this perspective is closely linked with the uneven geographies of capitalism. As Dikeç (2002) argues, the inhabitants of certain areas in the cities are deprived from the right to participate to the city both discursively and concretely. Similarly, Mitchell (2003) understands the concept as a democratic right for the excluded. These understandings are generally based on the idea of the liberal democratic rights. On the other hand, another perspective is based on the idea of the right to the city as a socio-economic right. At this point, it is important to note that these two perspectives are essentially interwoven. Although the latter tends to formulate its arguments based on social exclusion and unjustly treated groups; such as immigrants, sexual and racial minorities and disabled citizens, the right to the city cannot be understand without both of the approaches.

Marcuse (2009), who sees the right to the city similar to Lefebvre, suggests an approach to merge critical urban theory and practice to understand the concept fully and to integrate it into the real conditions of the city. He emphasized the importance of agency and the concrete potentials of these agents. For him, the agents are wider than the deprived and the excluded. The agents of a change may be the managerial class, the cultural producers or cross-border organizations. He highlights that Lefebvre’s right to the city is both a cry and a demand by the oppressed, alienated and insecure, for a more even and just future city. But his approach includes a variety of actors. As he puts it “Some already have a right to

the city, are running it now, have it well in hand; they are the financial powers, the real estate owners, the key political hierarchy of the state power, the owners of the media” (Marcuse, 2009: 191). He sees the right to the city as a moral claim and as a multiple right incorporating the right to public space, transparency, access and totality, and suggests a three step solution; *expose, propose and politicize*. Exposing includes analyzing the root problems and communicating with the relevant actors; proposing includes working with those who are affected and establishing actual proposals and programs to achieve the desirable results and politicizing it by clarifying the political actions and paying attention to the issues of organization strategies.

As we can see from the literature on the right to the city, a rights-based approach refers basically to the actors who are facing social exclusion at urban areas. But older adults who are living in the cities are not addressed as one of these actors. My argument is based on the idea to consider the older adults as active citizens who are reclaiming the city according to their needs and demands. Because of this, the right to the city in my understanding incorporates the right to participate to the community and politics in the local and national level, as well as the right to access good transportation, housing and an age friendly environment.

This idea is not far from the understanding of *urban citizenship*. The concept of urban citizenship has been developing since the late 1990’s as a new and more just interpretation of the conventional citizenship (Bezmez, 2013). It approaches citizenship from a broader aspect compared to the citizenship based on national state memberships as a more contextualized, community oriented framework. Since the urban became a multi-layered, context-specific socio-political area, the empowerment of cities through bottom-up participation and semi or fully autonomous city structures became an important subject in urban politics. While some scholars like Bauböck argues about “turning the municipalities from subordinate creations of provinces or states into constitutive units” (Bauböck, 2003:147), others criticize the strategies of soft neoliberalism and ‘governing through community’ (Rose, 1996) which implies government’s

efforts to integrate civil society in the form of third sector organizations (Evans et al., 2005). Similar to them, Bekmez (2013) argues, the neoliberal agenda today, shifts its responsibilities and financial burdens to the local level. Bekmez's study on disabled citizens in İstanbul mainly focuses on the urban struggles and demands of the disabled, and how it is related with the governments' understanding of social municipality (*sosyal belediyecilik*) in Turkey regarding the programs and policies towards disabled citizens. She argues that the perception and strategies toward disabled are based on a charity-based, protectionist approach. As Bekmez and Yardımcı (2009) discuss, the approach toward disabled citizens in Turkey is not even close to a rights-based discourse, but closer to a charity-based, protectionist approach and the institutions' and local governments' activities cannot be perceived within the recent citizenship frameworks.

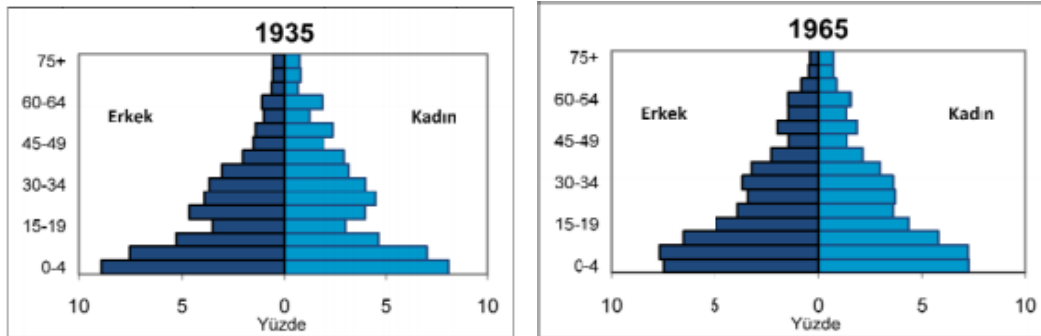
The situation of the older adults in Turkey is also far from the understanding of an urban citizenship approach. While concepts such as participation, accessibility and integration of the elderly into social and political life are discursively part of the public policy, the implementations of these policies and programs are far from being efficient and adequate. As I will discuss in the second chapter, when it comes to a rights-based agenda, both the policies and discourses of the state and municipalities fail to address the issue of elderly participation in the framework of the right to the city.

CHAPTER II

AGEING IN TURKEY: STATUS AND SOCIAL POLICY FOR ELDERLY

2.1. Statistics and Data on Ageing in Turkey

International organizations and establishments consider age 60 or 65 and over as elderly (mostly referring to the retirement age). While United Nations' (UN) standard is age 60 and older, World Health Organization (WHO) considers 65+ as elderly. The demographic data shows that with the last decades, Turkey's population is becoming an ageing population; the average life expectancy is increasing while the child mortality is in decline. According to TÜİK's (2016) demographic reports, 8.3 % of the population in Turkey is age 65 and older while the world's population's 8.7% is 65 and older. The elderly population increased up 17.1% in the last five years in Turkey. Monaco (31.3%), Japan (27.3%) and Germany (21.8%) are the top three countries with the oldest populations worldwide and Turkey is the 66th oldest country within 167 countries (TÜİK,2017a). Similar to the portion of elderly among the population, the median age, which marks the point where half of the population is younger than that age and the other half is older, is also another indicator of an ageing population. In 2015 Turkey's median age was 31 and it increased up to 31.4 in 2016 (TÜİK, 2017a). As it is clear from the demographic data, Turkey's population is following the global trend of ageing and is already very close to the world's average. TÜİK's demographic projections suggest that the elderly population in Turkey will increase up to 10.2 % by 2023 and 20.8% by 2050.



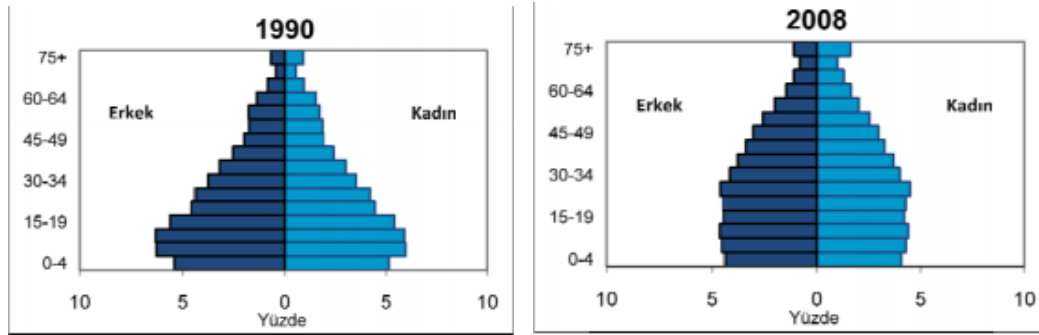


Table 1. Population Pyramids of Turkey (1935-2008) From “Türkiye’nin Demographic Dönüşümü” by Hacettepe University Institute of Population Studies,2008.

Nüfus piramidi, 2016

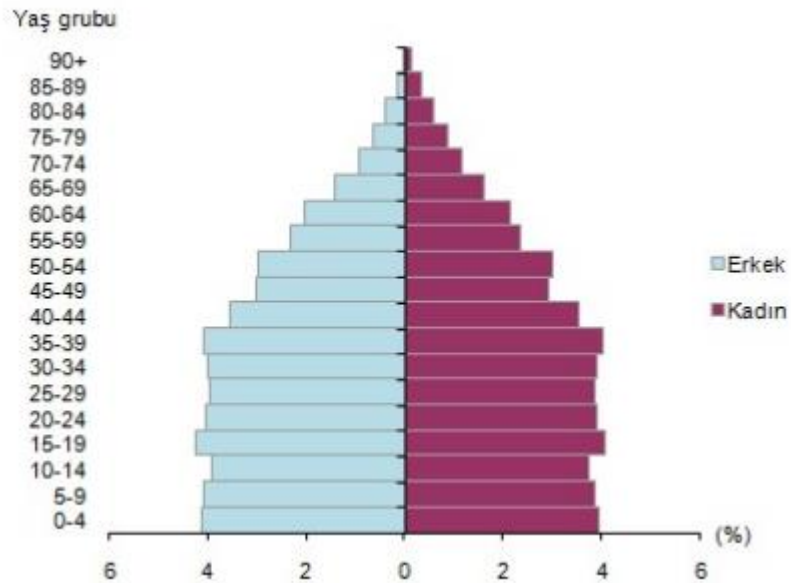


Table 2. Population Pyramid of Turkey 2016 Retrieved From “Adrese Dayalı Nüfus Kayıt Sistemi Sonuçları” Turkish Statistical Institute,2016

As it can be seen from the population pyramids, the share of the elderly population is increasing in Turkey. The expectation of life at birth is another indicator of an ageing society, which is also increasing year by year in Turkey; the expectation of life at birth was 71 in 2000, it raised to 78 in 2016 and will be expected to raise to 77.9 in 2023 (TÜİK, 2017a).

An ageing population was seen as a challenge until recently because of elderly considered as the inactive population and couldn't contribute to the socio-economic welfare of the state. This is why most of the ageing reports highlight the data on the old age dependency ratios. Turkish Statistical Institute (TÜİK) considers age 0-14 and 65+ as the inactive population in Turkey. The old-age dependency ratio measures the number of elderly people as a share of those of working age. The old age dependency ratio was 11.8% in 2014 and it increased to 12.3% in 2016 in Turkey. On the other hand, according to the OECD demography reports (2015), there are 28 individuals aged 65 and over for every 100 persons of working age (ages 20 to 64) on average across all OECD countries. In 1950 the demographic dependency ratio was equal to 14, and has increased to 28 worldwide in 2015. The demographic dependency ratio is expected to continue to increase and to reach 35 in 2025, 51 in 2050 and 55 by 2075 in OECD countries (OECD, 2015:158).

İstanbul's current formal population is 14.804.116 which is 18.5 % of the total population in Turkey according to TÜİK's 2016 reports and 6.35% of this population is age 65 and older (TÜİK, 2017c). When we look at İstanbul's elderly population, Kadıköy has a significant higher proportion within 39 provinces in İstanbul. According to TÜİK's 2016 demographic data, Kadıköy's population is 452.302 and %17.7 of Kadıköy's population is age 65 and older. Because of this significant portion, the status of older people in Kadıköy becomes more prominent. The status of older people at urban areas is closely related with the perception of ageing and older people in the society. In the next chapter, I will demonstrate the perception on ageing and the current status of elderly in Turkey at urban areas with regard to social policy and programs.

2.2. Current Status of Elderly and Perception on Ageing in Turkey

Due to the accelerated migration to cities throughout the last decades, similar to the worldwide trend, the population density increased up at urban areas in Turkey. 92.3 % of the population in Turkey is living in city centers and

districts, while 7.7% are living in villages and towns (TÜİK, 2017c). Yet the proportion of elderly among the rural is higher than younger generations.

According to a research conducted in 2008, the proportion of elderly within the urban population is 5.6 % while this proportion is 10.3% at rural areas (HÜNEE, 2008). Although there is no recent data available on the proportional distribution of elderly in urban areas, it is known that the percentage of elderly at urban areas is increasing.

Since urban ageing become an important component of social policy-making in the last decades, urban citizenship and civic engagement of the elderly are prioritized in urban politics. Empowering elderly, supporting ageing in place and establishing programs to engage elderly to social life and decision making processes are the main focuses of these policies. Civic engagement includes active participation and civic responsibility to change and cultivate the city and society. Musil (2009) defines civic engagement as “acting on a heightened sense of responsibility to one’s communities that encompasses the notions of global citizenship and independence, participation in building civil society and empowering individuals as agents of positive social change to promote social justice both locally and globally” (Musil,2009: 59). In the case of elderly, civic engagement enables multi-dimensional benefits. First, an age friendly city provides active participation to decision making processes which encourages senior citizens to engage with social life. Secondly, especially after retirement, senior citizens’ engagement to certain civic and political processes benefit their social identity, and mentally help them to maintain their self-respect and dignity in social life which can protect them from social exclusion.

There are some advantages and disadvantages to live in cities than rural areas regarding social inclusion and participation. The cities has a variety of benefits for the senior citizens including easier access to health services, higher income opportunities and better living arrangement, but there are also downsides when compared to a rural life such as high rent and food costs, low pensions, loss of status and bad ecological conditions such as air pollution and environmental

pollution. Aksoydan (2009) argues that while multi generational households are common in both urban and rural areas, elderly people at rural areas experience stronger social ties due to their traditional family structures. In addition, at rural areas, the older people are still respected and seen as wise members of the family for decision making and consultation. According to 1998 Turkey Demographic and Health Survey indicators, 20% of the households in Turkey had at least one elder member (HÜNEE, 1998). This percentage increased up to more than half in 2008, especially for women. According to 2008 Turkey Demographic and Health Survey, 39 % of older people in Turkey are living at close neighborhoods to their children (İçli,2008: 32). The high rates of multi generational households demonstrate both the close family connections and the financial difficulties elderly face. Aközer, Nuhurat and Say's (2011) study on expectations on old age shows that, while elderly at rural areas trust their children more than older people at cities, they are more anxious about their future. Otrar and Kurtkapan's study (2015) shows that older people's monthly income is mostly coming from their pensions or their partner's pensions. Thus, multigenerational families usually have several income sources; while the adult children are working and earning money, the elderly also contribute to the house with their pensions. This is a common phenomenon among families in Turkey. On one side, this type of family economy based on merging incomes; help the household to survive at urban areas. On the other side, especially if the mother is working at a full time job, grandparents take care of the children while the parents are working and supporting the family both socially and economically.

Family connections seem to be the focus of older people's lives and expectations in Turkey. Şentürk and Altan demonstrate that, in their 2015 study in İstanbul, the majority of the participants frequently referred to their children and grandchildren as the most important thing in their lives. Aközer et al. (2011) study on expectations on ageing and being old in Turkey with interviewees who are age 40 and over shows that, 84% of the interviewees want to be take care by their family when they are old and only 10% wants to receive care by governmental

institutions. Their study also shows the gender dimension about care giving since interviewees note that, besides from their partners, their daughters would be their first choice for care giving, then their daughter-in-laws and lastly their sons (Aközer et al. 2011: 117). According to the family structure research conducted by Turkish Statistical Institute, 40.2 % of the elderly in Turkey stated that they want to live in with their children when they become old and dependant, 38.6% stressed that they want to continue to live in their homes and receive home care, and only 7.7% of the elderly said they want to live in a nursing home (TÜİK, 2017a). Another aspect of multi generational households is its correlation with education. Aykan and Wolf (2000) suggests that traditional families who are living in metropolitan or urban areas, region of residence, and the respondent's education are strong predictors of co-residence with an elderly family member; "the likelihood of co-residence with parents for couples in which the wife has a high school, college, or higher degree is significantly smaller than it is for couples in which the wife has less education" (Aykan & Wolf, 2000:409). It is important to note that, older people in Turkey are not considering institutional care because of the poor health conditions of the nursing and care homes, in addition to the lack of options. Elderly care is an unsolved issue in Turkey since it imputes the responsibility on the shoulders of family members. The care system in Turkey does not provide diverse options for elderly care in later life. Because of this, most of the elderly prefer to receive care from family members.

As it is seen, there are certain characteristics and aspects affecting the elderly who live in urban areas; gender and marital status, socio-economic class and health conditions are the main indicators of an older person's experience. In Turkey, similar to most countries, the life expectation at birth is higher in women than men, and this usually concludes with a higher rate of widowed women in the older population. Aksoydan suggests that marital status "directly influences how people organize their everyday lives. Older married couples tend to be more financially secure than non married persons" (Aksoydan,2009: 104). After their husband's death, most of the women continue to their lives with lower incomes.

Zaidi's study (2009) on poverty of older people in OECD countries shows that "older women in general have a much higher poverty rate compared to older men. On average, older women have a poverty rate of about 15 per cent as compared to older men poverty rate of about 10 per cent" (Zaidi,2009: 517). Depression and poverty are the two common issues old widowed women are facing today. Aközer, Nuhurat and Say's 2011 study shows that, interviewee men who are age 40 and over are more concerned about their health, while women are more concerned about being alone in old age.

Since the women employment rates are quite low in Turkey, older women experience poverty more severely due to lack of social security. In 2015, the average of women employment rates was 60.4 % within European Union countries while this percentage was 27.5% in Turkey (TÜİK, 2017b). Most of the older women's income source is either their partner or children. After their partner's death, if their husband had a social security system record, the Social Security Institution (*Sosyal Güvenlik Kurumu*) continues to pay a monthly pension to first degree relatives. According to TÜİK's 2016 data, 76.7% of elderly who are living alone in Turkey are women. The poverty rates among older women are increasing. While the poverty rate was 17.9% in 2011, it increased up to 18.6% among older women (TÜİK, 2016a).The lack of social security and regular monthly income seems to be the reasons of this increasing rate.

The labor force participation (LFP) rate of older adults in Turkey is significantly below the OECD average; only 11.9% of the older adults were working or actively looking for a job in 2015 (AARP, 2017). This is also strongly tied to the fact that LFP for women in Turkey is quite low because of the traditional position of women. Since the labor force of women is concentrating on the wage free home labor in Turkey, and the responsibility of care of the children and elderly is on the shoulders of women, LFP of women is low. In addition to the women's limited economic participation, low educational attainment and lack of necessary work skills for other than traditional jobs are the main reasons of the low LFP. While the LFP rate for older men was 19.9% in 2015, it was only 5.8%

for older women, and 72.8 % of this labor force was working in the agricultural sector while 20.4% was in the service sector (TÜİK, 2016c). The political instability in the country and the high rates of young unemployment also affect these numbers since the younger generations hold the priority for employment.

Altun and Yazıcı find that depression is the most prevalent psychological disorder in elderly; in their 2015 study on life satisfaction, they found that 42.1 % of the elderly who participated had high depressive symptoms. Life satisfaction and quality of life has a variety of indicators such as social security, gender and family structure. Their study shows that low life satisfaction rates correlate with high depression risks which generally develop due to lack of social security and loss of a spouse. In the case of gender, female elderly experience more depressive symptoms than older men. In addition, there is a significant difference between elderly who are living with their families and at nursing homes. Edelstein et al. (2004) found that depressive symptoms increase up to 40% in long care residents at hospitals and nursing homes (Edelstein et al, 2004: 594). The general attitude and perceptions about nursing homes seem to be negative. Aközer et al. (2011) suggest that this negative perception's reason is closely linked with the representation of the nursing homes at films, TV series and news. But on the other hand, elderly who had experienced living at a nursing home or experienced it through a close relative are also very negative about nursing homes.

The quality of life of elderly is closely associated with independence in daily activities. Arslantaş et al.'s study (2007) in Eskişehir suggest that with older age, life quality got worse in women, widows, illiterates and bedridden especially if they have a medically diagnosed disease. Since physical activity in older people improves functional ability, older people who are able to maintain their lives independently have a higher rate of life satisfaction. Lüleci and colleague's 2008 study in Turkey shows that elderly living at home who had high levels of daily life activities such as bathing, dressing, toileting, feeding, transfer and continence also had higher life satisfaction. This is closely related with the nature of that activity since it is known that the ability of walking independently affects the

other daily activities more than the other ones. Sato et al (2002) found that the quality of life (QoL) is higher for those who have higher leisure and social activities such as walking, gardening, handicraft and reading in Japan. But Aközer and his friends' study (2011) in Turkey shows that the 60% of the participants spend their times almost all the time at home; their number one activity is to watch television and when they leave the house the top two activities they do is to go shopping and visit neighbors or relatives (Aközer et al.,2011: 115).

The issue of independence is also be seen at Otrar and Kurtkapan's 2015 study; when participants in İstanbul asked to answer to question of what is their biggest fear at life, 61.9% of the participants answered "to be psychically incapable and dependant on someone" and 15.1% answered "to be alone". (Otrar and Kurtkapan,2015: 199). Another important finding of Otrar and Kurtkapan's study is the subjective perception of being old. When they asked 136 participants the question "When does old age starts?", 37.4% of the participants answered between age 50-60, and 48.4% of them answered between age 65-75 which is quite young compared to OECD countries. Similar to their findings, McConatha and friends (2004) compared the Turkish and American participant's perception of old age and found that, "Turkish participants considered themselves old at a younger age than their American counterparts. Even the middle-aged Turkish participants considered themselves "old" at a younger age than the young adult American age group" (McConatha et al.,2004: 179). They also noted that similar results were found in Bacanlı et al.'s (1994) study comparing Finland and Turkey.

Although the recent studies and active ageing policies begin promoting a healthy and satisfying later life, the perception of ageing is still negative in most countries which usually derive from cultural stereotypes and ageism. Lasher and Faulkender's study (1993) found that, aging anxiety is an important aspect of old age which is related to age discrimination and ageism. They define ageing anxiety as "the combined concern and anticipation of losses centered around the ageing process" (Lasher and Faulkender,1993: 247). McConatha et al.'s (2004) study on compared attitudes on ageing in Turkey and US argues that, due to Turkey's close

knit family structure, children continue to respect and feel responsible in caring for their parents. But when they compared the participant's attitudes towards ageing, they have found that the Turkish participants were more negative and psychologically more concerned about ageing. On the other hand, American participants, especially women were more concerned about the physical changes associated with ageing. McConatha and friends explained these results as the outcomes of different cultural biases (McConatha et al., 2004: 179). As women age, they are more likely to be challenged by ideal beauty standards and therefore experience ageism at different levels than men.

Since stereotypes have a basis in cultural belief, the older person stereotype in Turkey differ from other countries, but still have some common points. For instance, the grandmotherly type was a stereotype of Brewer et al.'s (1981) study in US, representing the image of a family oriented older woman, who loves animals and children and spends a lot of time in the kitchen. This grandmotherly type is also a stereotype in Turkey. The stereotypes of elderly are usually derived from two different types of perception of older people in Turkey; one positive and one negative. Bacanlı's study in 1999 on the perception of older and younger people in Turkey shows that, these two stereotypes are *wise elderly* and *authoritarian elderly* (Bacanlı, 1999 cited in Zengin, 2015). The wise elderly stereotype is based on a mellow, compassionate, careful, modest and reasonable older people, and the authoritarian elderly stereotype derives from a distant, serious, old fashioned, conservative and cold hearted older people. Zengin (2015) argues that the studies on stereotypes of older people in Turkey shows that, there are also positive stereotypes of older people based on the understanding of their wisdom in addition to the negative stereotypes (Zengin, 2015: 43). Arkonaç's study (2012) on age stereotypes supports the same results; the elderly's perception about themselves coincides with the stereotypical wise and authoritarian elderly in Bacanlı's study.

These perceptions of old age and older people are strongly connected to the dynamics of social life. The lack of strong social ties to the community results

in with the acceptance of this stereotypical older person images. One negative stereotype is the *incapable/dependant older person* based on the image of a sick and lonely older person. This stereotype is commonly used in mainstream media, news and TV series. It is usually represented in a victimized position due to the lack of strong family ties. This negative stereotyping centralized around the older person's health status and physical abilities. The issue of negative stereotypes is closely linked with older people's self esteem and respect in society. Since the negative stereotype devalues and ignores older people's contribution to society, they also effect older people's self image which results in with self-stereotyping. In order to foster community integration and empower elderly, negative stereotype representations must be overcome.

2.3. Background of Social Policy for Elderly in Turkey

Urban policy strategies, health care and social security systems are important components of inclusive social policy. As Buğra puts it “social policy constitutes an area that clearly reflects the nature of state-society relations and the content of citizenship in a given country” (Buğra,2007: 32). The policies and programs for elderly in Turkey are relatively a newly developed area since social policies for elderly get into the agenda of the government in 2000s in Turkey. The emerging appearance of elderly in the social policy is strongly related with the changing position of elderly in Turkish society. Since older people's status is closely connected with their position in the family in traditional Turkish families, the structural changes in the family and social ties affected their status dramatically. While the traditional close-knit family valued the elderly as the authority in the household, economic challenges at urban areas and the changes in the household roles which are the outcomes of the urbanization process, resulted in with the loss of the status of older people.

The social policies aimed at the elderly are mostly undertaken by the Ministry of Family and Social Policy and Ministry of Development. The first attempt to form a specific policy plan for elderly was the adjustments of global

action plans prepared by international organizations. The Vienna International Plan of Action on Aging, which adopted by the World Assembly on Aging held in Vienna in 1982 was the first assembly formed by international actors to highlight older people's status and ageing. United Nations adopted the action plan in 2002 and prepared an International Action Plan which provided a base for Turkey's action plans on ageing. The International Ageing Assembly published The International Plan of Action on Ageing in 2002, which translated into Turkish very soon by Hacettepe University Geriatric Sciences Research and Application Center.

In 2007, The Ministry of Development published an action plan titled "The State of Elderly in Turkey and the National Action Plan on Ageing". This action plan highlights the issues of participation of elderly in social, economic and political processes, while also underlining the issues of migration and poverty among older people. The action plan consists of the current status of the elderly in Turkey, the aims to empower elderly and the necessary actions to take. Although the main focus of the policies are encouragement to participation and empowering older people to maintain autonomy at later life, the policy aims of the 2007 action plan are quite blurry. Most of the objectives in the plan are not referring to a specific actions or concrete solutions. For example, under the "reinforcing multigenerational solidarity and equality" topic in the action plan, the first objective is "raising public awareness on the issue of ageing and educating the whole society about elderly". Although this is a widely acceptable and politically correct objective, it is not referring to a concrete action or solution. The lack of concrete and practicable actions results in only highlighting these issues discursively in the action plan.

The five year development plans and national action plans' general focus is on healthcare and the inclusion of elderly to social life. For instance, in the last two national action plans prepared by the Ministry of Development in 2007 and 2014, the policies and actions are targeting the structural improvement of the nursing houses and old age asylums for the elderly, but also emphasizing the

importance of ageing in place by offering modifications at older people's home environments. The promotion of active ageing becomes prominent in the 2014 action plan. The first objective of the plan is "to provide an environment for elderly to participate to employment, voluntary work and maintain an autonomous and healthy life in the framework of active ageing". In the Specialization Commission Report on Ageing prepared by the Ministry of Development (2014), one of the goals is to reduce the negative effects of the factors that increase dependency for the elderly. For this reason, programs for preventing illnesses are a policy focus. Access to healthy nutrition and universal healthcare is stated as an important goal in the plan, while the sustainability of the services is regarded as a key objective with a strong emphasis on the participation of the ageing population in the implementation and development of the healthcare policies. Similar to the action plan in 2007, the objectives of the plan in 2014 has the same problem; even though the discourse is focusing on the improvements of participation and empowerment of the elderly, the actions are not concrete. The State of Elderly and Implementation Program of National Action Plan on Ageing was prepared in 2012 with the purpose of implementing the activities embedded in the recent action plan and determined the priority levels of the actions to be taken. The action plans implemented by responsible ministries, municipalities, universities and civil society organizations.

The implementations of the action plans are also inadequate considering their aims and objectives. The Specialization Commission Report in 2014 lists the services for elderly by the General Directorate of Services for Persons with Disabilities and Elderly People as; nursing homes, home care services, day care centers for Alzheimer patients, rehabilitation centers and monthly pensions (*yaşlılık aylığı*). As it is clear from the nature of these services, there are no concrete options to actualize the participation and accessibility objectives in the action plans. As Balaban (2014) puts it, the social policies set by the ministries "fails to go beyond determining the norms for policymaking rather than setting objective criteria and indicators for the ongoing and prospective policies"

(Balaban,2014: 185). This is closely related with the fact that, elderly care in Turkey is still an issue between family and institutions. Because of Turkey's collectivist traditional family structure, elderly care has been a family issue for many years and seen as a matter of private sphere. Recently, it started to appear in public policies but still the responsibility is majorly taken by families with little governmental support. This resulted in with poor health care and home care services and had been an obstacle for the professionalization of elderly care services in Turkey.

According to Ministry of Development's Specialization Commission's Report on Ageing (2014), the majority of the issues of older people in Turkey are related with financial issues and health care services. As it is stated in the report, migration from the rural areas to the cities throughout the last decades accelerated the social exclusion of elderly at urban areas. On the one hand, older people lost their respectful position in the families because of the changes in the family structure in Turkey. The extended family structure, where the elderly are respected the most in the family and felt their significance of their presence transformed into a nuclear family. This structural change resulted with status loss and the exclusion of the elderly from the decision making processes.

Obligatory retirement from working life has another major contribution to social exclusion, especially for men, in Turkey. The amount of pensions in Turkey seems to be the most complained issues of the elderly. After retirement, the wages are significantly declining and this is resulting with financial difficulties for elderly. On the other hand, the inactive life affects elderly on psychological and social aspects causing them to feel insecure, depressive and excluded. Pensions play a key role in the well being and life quality of the elderly. According to European Network of Economic Policy (2008) pensions have to "ensure that elderly people are not placed at risk of social exclusion; that they can enjoy a decent standard of living that they share in the economic and social well-being of their country, and can accordingly participate in public, social and cultural life". For example decent housing and access to public transport are keys for older

people when it comes to inclusion. This shows us that social exclusion is closely linked with material conditions; it is a multifaceted concept determining the other aspects of life.

The Social Security Institution (*Sosyal Güvenlik Kurumu*) is the institution giving financial support to elderly. The Social Security Institution adopted the *defined benefits plan* for retirement which offers a pension based on the length of employment and salary history. These pensions constitute the big proportion of older people's income in Turkey and provide social security insurance for health care in later life. The institution also provides widow's and orphan's pensions (*dul ve yetim maaşı*) -also referred as death pensions (*ölüm aylığı*)- after their death for first degree relatives who have no social security. But since the amount of this pensions are quite low, the opportunities and options for participation to social life are limited.

The health care system in Turkey improved after the government's reforms in the health care system in the last decades. Universal healthcare insurance coverage and the establishment of the family medicine system were the prior outcomes of these reforms, especially for older adults. The universal health care insurance provided a decline of the out-of-pocket spending for healthcare and made it more affordable for individuals. The number of hospitals and first step health services increased. The family medicine system was one of the most successful reforms in terms of accessibility. The main goal of this system was to encourage families and individuals to visit a selected doctor regularly in their neighborhood and to prevent lifelong health issues. These visits are free for all patients since the government subsidized the costs. Although these healthcare reforms benefit older adults both economically and physically, the number of chronic illnesses among older adults is still quite high. According to the Action Plan on Healthy Ageing 2015-2020 by the Ministry of Health, 90% of people who are age 65 and older have at least one chronic disease, and 35% have two chronic diseases. In order to meet the needs of these patients, and to establish a medical prevention program for all individuals, the public health care system must be able

to provide long term care services. As I will discuss in the policy implementations section, the long term care services such as nursing homes, rehabilitation centers and home care services are far from being adequate considering the number and health condition of the older adults.

The position of the non-governmental organizations and local institutions are also important to understand the current state of the elderly in Turkey. The governmental organizations are encouraging the civil society and NGO's to be more aware of the problems of the elderly and improve their conditions by giving financial support. The Ministry of Family and Social Policy announced a program called YADES- Elderly Support Program (*Yaşlı Destek Programı*) in 2016. Accordingly, the ministry offers a budget for local governments who are providing specialized social services for elderly. The encouragement of the NGO's and civil society's contribution on the issue of ageing and elderly is a recently developed area. Because of this, the number of private organizations and NGO's are quite low. There are too little associations and NGO's actively working in the field of ageing in Turkey. According to the Ministry of Interior there are 328 associations for children and elderly in Turkey, but since the numbers are given together for both children and elderly, the number of associations for elderly is not clear. There are some associations for elderly in İstanbul such as *Akıllı Yaşlanma Derneği*, *Düşkünler Evi İhtiyarlara Mahsus Cemiyeti Hayriye Derneği*, and *Huzurevi ve Yaşlılar Derneği*. The *Turkish Geriatrics Society* is also one of the most active associations working on raising awareness about ageism and active ageing. In addition there are NGO's such as *65+ Yaşlı Hakları Derneği*, *Turyak (Yaşlılık Platformu ve Yaşlılık Konseyi Derneği)*, *Dünya Yaşlılık Derneği*, and *Artı Nefes Vakfı*. These NGO's and associations are working in the field of raising awareness on social integration of elderly to social life and the importance of active ageing. They are organizing educational events such as seminars and conferences around Turkey on issues such as intergenerational communication, technological developments in the field of ageing, ageing and nutrition and elderly rights. The aim of these NGO's is to

contribute to the social policies for elderly and provide sustainable plans and programs for a healthy, age-friendly environment.

The local municipalities have an important role in implementing the plans and programs for elderly. Although the services and opportunities for elderly differ significantly among municipalities, some municipalities are establishing social centers for older people; some are providing nursing services at home and establishing health clinics specialized in elderly health care. According to the Ministry of Family and Social Policy, there are 297 nursing homes in Turkey and their capacity is 24.194 people. 109 of these nursing homes are ministerial and 20 of them are municipal institutions. 38 of them are established by NGO's and other associations and 130 of them are the institutions of private sectors. The local institutions' services for older people provide an additional support to the government. In the next chapter, I will demonstrate the social policy and program implementations by the ministries in Turkey and argue about the implementations of the İstanbul Metropolitan Municipality and Kadıköy Municipality.

2.4. Policy Implementations: İstanbul Metropolitan Municipality and Kadıköy Municipality

Social policy for elderly in Turkey first became an issue as a part of the protectionist approach of the state towards the poor and vulnerable (*aciz ve düşkün*) groups. Similar to the policies for disabled people, policies for elderly are not the results of a rights-based approach in Turkey. For instance, the first nursing homes (*aceze evi, güçsüzler yurdu, düşkünler evi*) opened in 1930 in accordance with the law no. 1580 within the certain municipalities for people who are helpless and needy. But the capacity and means of these nursing homes were too poor. After the migration wave from rural to the cities in 1950s, the demand for nursing and care homes increased and the Ministry of Health opened the first nursing homes (*huzurevi*) specialized for elderly care in 1966. According to Implementation Program of the State of Elderly and the National Action Plan on Ageing (2012), elderly population's place in social policy stated in the

development plans since 1963. Until 1980s the social policies have been developed within the framework of a social welfare state; the state was taken the responsibility of elderly care in cooperation with voluntary organizations. But this was only a discursive claim; since the capacity of the care services were too low and unprofessional, even then the elderly care was the family's responsibility. After 1980s, the neoliberal government started to promote private institutions for elderly care and the commercialization of health care began. At this point, it is important to note that, even when the social policy were centralizing care giving and social security of the elderly by the state, the means and conditions were too poor and insufficient. So it can be said that, even before the 1980s, the responsibility of elderly care were taken by the families. Today, the current government is following a policy which distributes the responsibility between the state and family. But the health care services and policies of engagement for elderly in Turkey are still quite inefficient and poor. And Turkey is still not ready for an ageing society considering the quality and capacity of its services and activities for elderly.

The main responsibility for elderly care started to shift discursively from institutions to families in 1990s; the action plans in these years focused on the cooperation between family and institutions after the importance of ageing in place started to be discussed on the global level. Also, the state institutions started to give financial support to local institutions and private organizations who are providing elderly care services. In the late 1990s, the state institutions realized that their health care services are quite poor and the professional health care givers are inadequate to provide a decent health care for elderly. So the care services started to centralize around the family again. In the Development Plan of 2001-2005, the quality of the nursing homes were still a discussion topic but the plan also suggested to establish elderly solidarity houses (*yaşlı dayanışma evleri*) and rehabilitation centers for elderly. Home care services and day care centers became the focus of the action and development plans. After this responsibility shift in the discourse, the social policies started to focus on empowering elderly by promoting

ageing in place and active ageing. The last action plan by the Ministry of Family and Social Policy mainly focuses on healthy ageing habits and social inclusion of the elderly to civic life.

The Ministry of Family and Social Policy and Ministry of Health are the two governmental institutions responsible for elderly care in Turkey. The nursing homes of the government provide their residents sheltering, catering and health care services such as medical examination and psychological support. In addition, they provide home care services, Alzheimer centers and day care centers. The ministry also gives financial support to people who are age 65 and over in the name of old age pension (*yaşlılık aylığı*). This pension is one of the outcomes of the welfare state policies and given only to the outcast, helpless and poor people since 1977 under the name of “*65 Yaşını Doldurmuş Muhtaç, Gücsüz, Kimsesiz Türk Vatandaşına Aylık Bağlanması Hakkındaki Kanun*” (Ministry of Family and Social Policy, 2012). As it is seen, most of the services for elderly are health oriented, but in 2014 the government announced free local transportation cards for people who are age 65 and older. This program was the most successful implementation of the government. As I will discuss in the next chapter, transportation has a significant importance to foster mobility and community integration. This program enabled older people to access transportation free of charge and increased their mobility at the urban areas.

The General Directorate of Services for People with Disabilities and Elderly People’s recent implementation plan in 2016 sets 6 revisited articles from the prior action plans; 1) the collection and analysis of the current data on older people, 2) the improvement of the quality of nursing homes and day care centers in order to provide sustainability, 3) architectural and housing modifications for elderly at their home environments, 4) providing an age friendly city environment, 5) improvement and professionalization of the care giving personnel, and 6) promoting elderly engagement and contribution to society through written and visual media (Ministry of Family and Social Policy, 2016). As it is seen from the

recent action plan, ageing in place and age friendly environments are prominent issues of the recent social policy program.

Municipalities in Turkey are seen as the first step institutions for social policy implementations. Ersöz (2005) argues that, there is a consensus among researchers on social policy that the municipalities are more successful than the centralized governmental institutions on providing social services at the local level. Since the welfare state's understanding on social services is closely related with empowering local institutions, municipalities in Turkey became the prior responder for social services especially after 1960s. After 1980s, the public expenditures were reduced by the government and some services of the municipalities privatized. This era also coincides with the time when municipalities started to loan from international funds and banks. When we look at the policy implementations of municipalities, there is a big difference between urban and rural municipalities mostly because of their share from the financial budgets. Since this study is focusing on Kadıköy, I will discuss the services provided by İstanbul Metropolitan Municipality (İBB) and Kadıköy Municipality.

İstanbul Metropolitan Municipality's social services for elderly are formed under the framework of health services. The Department of Health Services of İBB provides home care services such as medical examination and care giving, has a nursing home (*İstanbul Darülaceze Müdürlüğü*) with the capacity of 1000 people, psychological and social support center for elderly, free transportation services and social activity center (*sosyal aktivite merkezi*) for elderly and sanctuaries. It is important to note that, under the framework of social services or health services, İBB doesn't have a service department specifically designed for elderly despite the fact that they have specific service departments for disabled people, children and women. Besides from the nursing home for elderly, all the other services of the municipality were designed for a larger user group. This is a strong indicator of the İstanbul Metropolitan Municipality's approach to elderly.

Kadıköy Municipality offers more or less the same services for elderly. The municipality's services are under the framework of social services and differ from İBB by providing social engagement opportunities for elderly together with health based services. There are similar services to İBB such as home care services including personal care services (hairdressing, nail and hand/foot care), home cleaning services, medical examination and patient care services. Also the municipality provides free patient transport vehicles (*hasta nakil aracı*) for patients who are bedridden or needs transportation from the hospital. There is another transportation vehicle called *engelsiz taksi* which provides transport services for elderly who are disabled or not able to use public transport within Kadıköy.

Kadıköy Municipality's Social Center (*Sosyal Yaşam Evi*) has become the second municipality from Turkey accepted by World Health Organization's Global Database of Age-friendly Practices after Muratpaşa Municipality from Antalya in 2016. It is a social center with currently 1084 members, aiming at assisting the local seniors by offering active ageing facilities. The center has health care and personal care departments but its main function is providing social interaction between local elderly. There are several social and cultural activities and courses such as painting, dancing, foreign languages, jewelry design and musical choirs offered by this center. Kadıköy Municipality announced that they are planning to open another social center for senior citizens and Alzheimer patients at the end of 2017. Although both municipalities provide a variety of services for elderly, there is no available data on the performance or quality of these services or results of a satisfaction survey answered by users.

It is important to note that the senior citizens at Kadıköy constitute an atypical population compared to the elderly population in Turkey because of their socio-economic class. Kadıköy is considered as a middle/upper-middle income neighborhood; the inhabitants' income and socio-cultural status is significantly higher than the average of older people in Turkey. Thus, Kadıköy's senior

inhabitant's relation to the local municipality differs from other provinces in Turkey.

Both municipalities claim that they are participatory and social municipalities, but besides from the Senior Citizen Assembly (*Kıdemli Vatandaşlar Meclisi*) in Kadıköy Municipality, there are no direct opportunities for elderly to participate into decision making processes or to civic actions. Participation to political and social life plays a key role in elderly's self respect and their status in the society. Even though Kadıköy Municipality offers an option, the efficiency of the participatory unit is questionable since there is no available data on their activities. The voluntary centers in Kadıköy (*gönüllü evleri*) are more concrete channels for political participation for elderly. As I will discuss in the next chapter, these voluntary centers function as active ageing centers and enables senior citizens to contribute to the decision making processes about Kadıköy.

CHAPTER III

PARTICIPATING TO THE CITY, PARTICIPATING TO THE COMMUNITY

The experiences and positions of elderly at urban areas are closely linked with older persons' status in the cities and their perception in society. The dynamics of ageism, stereotypes and concrete opportunities offered by the city they live in affects older people's participation and access to urban life and therefore to social life. As argued before, an age friendly city enables older people to actively participate and contribute to society through civic engagement and social inclusion strategies. In this chapter, I will present the components of age friendliness and the position of elderly at an urban area, namely Kadıköy by discussing and analyzing the results of the research I conducted in Kadıköy with 16 participants who are age 70 and older. 8 of the participants were women and 8 of them were men. All of the participants were currently living in Kadıköy (see Table 3).



Figure.1. Map of Kadıköy: Location and number of participants by neighborhood

Characteristics	Quality	Quantity
Age Group		
	70-74	5
	75-79	6
	80-84	3
	85-89	1
	90+	1
Educational Attainment		
	literate	1
	primary school	1
	secondary school	1
	high school	7
	university	6
Marital Status		
	single	2
	widowed	3
	married	11

Employment Status		
	unemployed	3
	retired	13
Household Condition		
	alone	4
	with a partner	3
	with a partner and children	9
Health Condition		
	no physical disability	14
	disabled	2

Table 3. Table of Demographic Data of the Participants

3.1. “I am not Old Because I am not Dependant”: Older People’s Perception on Ageing and Elderly

Older people’s perception about themselves and their position in the society directly effects their participation and appearance in social life. As Levy and Banaji (2002) argue, stereotypes cause elderly to form a perception about themselves which can be resulted in with self-stereotyping. In the case of elderly in Kadıköy, the perception of whether being old or not derives from the stereotypical older person images in Turkey. Participants referred to a negative older person stereotype and made a distinction between themselves and the stereotypical image. In order to understand how elderly in Kadıköy position themselves in society based on their age, they are asked to answer to questions “Do you consider yourself as old?” and “Who is old to your understanding?”. The

majority of the participants responded that they are not feeling old or considering themselves as old; and when they are asked the reason of this, they referred to the stereotype of a dependant and poor (*düşkün*) older person, and stressed that they don't consider themselves as old since they are not like that:

I don't consider myself as old. People who stop taking care of themselves and tacky (*pejmürde*) people are old. For instance, sometimes I see someone who is 60 and call him ağabey (*older brother*), I am 82, but when you look at him, he seems older than me because of his appearance (Male, 82, Kozyatağı).

As the participant expressed, his perception about older people derives from the stereotypical *incapable/dependant older person* image. While this stereotype is in relation with the appearance of older persons, it is also closely related with being dependant on someone else. Losing autonomy and being physically disabled are the prominent characteristics of this stereotype. Another older person stereotype is related with older people's social life. Since they assume that older people don't have a social life and don't have any friends or family around them, some of the participants related being old with lack of a social life referring to a similar stereotype; "I don't feel old because I am a social person. I don't lock myself in the house. If you look chronologically, yes I am old. But if you consider my social life, I am not old" (Female, 72, Caferağa). As the participant stressed, she is not considering herself old because she is not identifying herself with this stereotype. So it can be said that, they are not adopting the stereotypes but making a distinction between themselves and these stereotypes to define themselves.

As most of the participants stated, ageing is considered as an unwanted aspect of life and seen as a challenge. This negative perception on ageing is mostly related with poor health conditions and losing autonomy at later life which the participants expressed as the inevitable results of ageing; "You feel old when your energy is gone and you cannot continue to do the housework or go to a walk

because of your physical conditions. You are old if you cannot continue to do the same things when you are young” (Female, 77, Kozyatağı).

Only a small number of the participants responded that they consider themselves old. Those who considered themselves old referred to their health status and income as the reason, except one participant who was a widowed woman. There was a significant correlation with health status and feeling old; the poor quality of health directly affected the respondent’s answers. This perception is again in close relation with the dependant older person stereotype. Since deteriorations in the health status at later life increases, the possibility to lose autonomy and become dependent on someone else also increases up. Only the widowed woman participant correlated old age with being alone; “I feel old after I lost my husband ten years ago. It comes with age. I feel old and strange (*garip*). I am living by myself in this house for ten years with no company” (Female, 75, Suadiye). This response is closely related with the gender dimension of being old. Since the widowed women rates are higher than men in the cities, the rates of women who are living alone is also higher. According to TÜİK’s 2016 data on ageing, 76.7 % of older people who are living alone are women. As Carlson et al.’s (2014) argues, “ageing is a gendered process experienced differently by men and women” (Carlson et al., 2014:2). The other participant’s statements about feeling old reveal the class dimension of this negative perception. Participants with lower incomes expressed more negative thoughts on being old. The majority of the participants who consider themselves old were from lower income neighborhoods:

I know that I am old. I have hyper tension and lots of other diseases. I am living with my wife and my daughter and they are taking care of me. I can’t do anything by myself, even walking. I cannot find an activity to fill my day. I am mostly at home, but I feel overwhelmed at home. I want to go outside, but if I am by myself, I need to find a taxi and it is expensive to use a taxi all the time (Male, 70, Fikirtepe).

As the participant expressed, he correlates being old with his health status and his economic condition. Because of his health condition, he is in need for someone else to maintain his life and he is lacking the economic means to continue to his life without being dependant. The participants from lower income neighborhoods were more tend to associate being old with the stereotypical dependant older person and had a more negative perception about being old. Since they are deprived from the economic means to maintain an independent life, they were more prone to identify themselves with the negative stereotypes. Self stereotyping is another dimension on negative older person stereotypes. As Verkuyten and Nekuee (1999) discussed by following the self categorization processes, self stereotyping derives from the identification and in-group biases. Thus, the stereotypical older person images accepted by the community forms older people's negative perceptions about themselves and restrict their capacity. For instance, when the participants are asked about their technological skills and preferences one participant said; "I only use a mobile phone. I really want to learn to use computer and internet, but I guess it is too late for that. Also I don't know where I should go to learn it" (Female, 70, Hasanpaşa).

As Levy and Banaji argues, "the process of implicit aging self-stereotypes could be activated by many of the manifestations of stereotypes that permeate society" (Levy and Banaji, 2002:62). In the case of the participant from Hasanpaşa, it is clear that she is discouraged to learn to use a computer because of the stereotypical incapable older person image in Turkish society. This was a common issue among the participants. Although their educational status was higher considering the average rates of educational attainment among older population in Turkey, participants were discouraged to use new digital information channels due to self stereotyping.

The responses of the participants reveal the subjective nature of age. As one of the participants acknowledged, participants tend to categorize themselves based on their own perspective on older people, and not on the common chronological age approach. The interviews show that older people relates old age with certain

events and changes in certain status such as retirement, health status and marital status, in addition to the negative older person stereotypes. Otrar and Kurtkapan (2015) have found similar results in their study on ageing in İstanbul. When they asked their participants “When does old age begins?”, 22.4 % said when they become physically dependant, 19.1 % said when the number of illnesses increase, 17.4 % said when they feel old, and 9.1 % said when they retired. Only 13.1 % answered the question as reaching at a certain age (Otrar and Kurtkapan,2015;197).

The mainstream media also holds a key place because of its cultivating effect on stereotypes of elderly. Zengin’s (2015) study on the elderly representations on television and ageism suggests that there are five definitive older person stereotypes in Turkey; wise older person, negative older person, grumpy older person, dependant older person and conservative older person (Zengin,2015;128). Since most of these stereotypes are based on negative categorizations, it can be said that the media fails to form a positive perception on elderly. The negative impacts of stereotyping stand as an obstacle for older people to enhance their capacity and limits their contribution to the society as well as their quality of life. As in the example of technological adaptation, older people felt discouraged to attend certain educational programs due to the incapable older person stereotype. Moreover, negative stereotypes restrict older people to participate to social life. Since these kinds of educational programs offer opportunities to socialize with other people, avoiding from attending these programs are increasing the risk of social exclusion and isolation for older people.

3.2. The Challenges of Urban Ageing

3.2.1. Urban vs. Rural: The Advantages and Disadvantages of Ageing in Cities

The question of urban ageing comes with its own challenges. There are certain differences between urban and rural ageing regarding life quality and age friendliness. Since Turkey is following the global trend of migration from rural to

urban areas, the numbers of elderly in cities are increasing. 62.5% of the participants of this study was born and raised in İstanbul, and 37.5% of them were migrated to İstanbul from small rural areas. When they asked the reason of migrating to İstanbul, the participant's responses were related with family and job opportunities. For instance, one participant said:

I came here from Tokat when I was young. You know my town is small and not satisfying at all. They say “insan doğduğu yerde değil doyduğu yerde” (*home is where the money is*), it is true. What was I going to eat there with no job and no land? We didn't come here for glory or enthusiasm; we came here for shelter, because of impossibilities back there (Male, 81, Fikirtepe).

This is a common phenomenon for people who migrate from rural to cities, especially for İstanbul. During the migration wave in the 1950s with industrialization, İstanbul's population increased dramatically, especially within the active working age group (15-64), and now as they grow old, the number of elderly in İstanbul is increasing. İstanbul, just as another city in Turkey is following the global trend of migration to cities. According to United Nations Population Fund (2007), over half of the global population now lives in cities, and the number and proportion of urban dwellers will continue to rise in the future.

There are multiple health services in the cities than rural areas. Because of the increasing numbers of health issues come with old age, older people tend to move and stay at places where the health services are more accessible. One of the participants stated that, easy access to health services is the most important thing at old age. Along with the accessible services in urban areas, the other important aspect of urban ageing is the close relations between family members. Elderly care in Turkey rely heavily upon families, and since the younger generations are usually living in the cities, elderly feel more secure and comfortable when they are living close to their children. As Duben (2013) argues, there is a generational contract between children and parents formed by “informal and formal sets of obligations, norms and meanings encompassing intergenerational family relations

and reciprocity” (Duben,2013;7). Because of this traditional understanding of elderly care, children are disposed to keep their elderly parents close to them and take on the burden of elderly care. Some of the participants pointed out that, they would like to live in a smaller and less crowded city or a rural area such as their hometowns in Anatolia, but they would feel lonely since there is no one left at their hometown that is closer to them:

I have close family members here; they are bonding me to this city. I can't leave here now. I don't know anyone in my hometown anymore. I am living with my daughter here and she takes care of me. We go to the doctors together, she keeps the tracks of my medicine, and she cooks for me. She does everything for me. How can I live in my hometown now? (Male, 87, Sahrayıcedid).

As I am going to discuss in the next sections, there are several negative aspects of urban life for elderly such as crowd, noise and air pollution, high costs of living and poor city arrangements. Hence these problems were the most common complaints about the urban areas and also the main reason for wanting to leave the city and moved to a rural area:

I would like to live in the rural; water is clean, air is fresh. It is not crowded like here and life is easier there. I can go to long walks and mind my own business all day. But I can't leave here. I would miss my friends and family there (Female, 78, Göztepe)

Besides from the aspiration to live in a less crowded and clean environment expressed by the participants, the majority stated that they would prefer to live in a city. The motivation behind this preference was in close relation with close knitted family structure in Turkey. In addition to the concrete benefits of a city life such as the variety and accessibility of care services, most of the participants stated that they feel more secure in cities because of their families and friends. Close family members are seen as a buffer for social risks at later life by the participants. Since care giving and assisted living arrangements for elderly are

quite underdeveloped in Turkey, the limited options canalize older people to live close to their families.

3.2.2. Urban Transformation, Ageing in Place and Experiences of Elderly at Their Neighborhoods

Urban transformation in İstanbul is a widely discussed issue especially in the last decade. The well known urban transformation experiences in Tarlabaşı, Sulukule and Fikirtepe showed that there are several social and economic aspects and outcomes of these projects. First of all, the lack of certain channels between citizens and authorities resulted in neglecting and ignoring the citizen's demands. Citizen participation disregarded in the planning and implementation processes and turned in to a negotiation management system. Even though the inhabitants of the urban areas formed organizations and associations to make alternative demands, the whole process followed a top down hierarchy model. As Türkün (2011) argues, the central and local government actors have become a part of the discourse that sees these projects as opportunities for increased urban land rents. For this reason, urban transformation projects in İstanbul have been strongly supported by different actors such as property developers, professionals, private sector officials, land owners and mainstream media (Türkün, 2011;61). The residents of urban transformation areas are forced to involuntary resettlement, and the lack of available informing channels resulted in with ignoring the diversity in demands of the residents. This top down governance structure is closely linked with state institutions' direct influence in urban change. Türkün (2011) claims that, participation to the urban transformation processes is part of an illusionary discourse in Turkey. The displacement of the disadvantaged residents in urban transformation areas is still an unsolved and widely discussed problem in İstanbul. The economically disadvantaged residents of these areas are forced to move out the outer peripheries of İstanbul due to gentrification and lack of economic means. There is no data or research on the results and impacts of urban transformation on elderly in Turkey. But it is a highly important issue since for elderly, continuing to live in their own neighborhoods has a positive impact on their physical and mental

health. There are several researches on the relocation trauma and the negative impacts of relocation on elderly (Rowles, 1983; Castle,2001; Rosswurm, 1983; Wiles, 2005; Wiles et al.,2011). Ageing in place reflects a general understanding and preference of older people to continue to live in their own houses and neighborhoods as long as possible. Wiles et al. (2011) argues that ageing in place is linked to sense of attachment and social connection as well as familiarity and a sense of security. In the case of urban transformation, involuntary relocations can cause relocation trauma or can simply affect their social ties to the community.

Housing modifications are keys for ageing in place and a healthy environment in later life. All of the participant's houses were old apartment buildings with no intention for an age friendly building. Some of the participants stated that they don't even have any elevators in the apartment building. This is why most of the participants said that they prefer to live in first floor flats. None of the houses of the participants were appropriately equipped for old people, but this is mostly because the majority of the participants' physical ability was still good and they were not dealing with any sort of disability. Well-designed housing enables older people to maintain their daily activities, independence and their connection to social life especially to their friends and family. As Wiles et al. (2011) argues ageing in place is a popular term in current ageing policy, because on one hand it promotes social inclusion and self respect, and on the other, it enables older people to remain at their houses as long as possible so they can avoid from the high costs of institutional care (Wiles et al.,2011;357). It is important to stress that, there are not much housing options for elderly in Kadıköy besides owning or renting a house. There is only one public nursing home in Kadıköy; the *İstanbul Göztepe Semiha Şakir Huzurevi Yaşlı Bakım ve Rehabilitasyon Merkezi* in Göztepe and ten private nursing homes within the province. The capacity and conditions of these nursing homes are inadequate considering Kadıköy's elderly population.

Fikirtepe, as one of the major urban transformation areas in Kadıköy, is the most problematic area in terms of displacement of its residents. While Fikirtepe's

inhabitants evicted from their neighborhood, the situation of low income households are worsened. Ofcourse, this displacement affected the elderly in Kadıköy deeply. As Wu and Chuang (2001) argued, community based care is highly important for an older person's self-respect and independence. In the case of Kadıköy, almost all of the participants stressed that they were quite unhappy because of the urban regeneration projects in their neighborhoods. Some of the participants had to leave their apartments due to regeneration and had to move to a new neighborhood. All of the participants who have experienced displacement stated that they are not feeling any attachment to their new neighborhoods and wanted to go back to the former neighborhoods. So it can be said that, involuntary resettlement has two important dimensions for elderly in terms of ageing in place. First, the close environments, meaning the apartments and the living arrangements are changing. This is a very important issue for elderly because their mobilization around the house is affected deeply by the displacement. Also, the cost of moving to a new house is expensive considering most of them are living off with only monthly pensions; this is the change at the micro level. At the macro level, older people's attachment to their neighborhood is affected. All of the participants who had to move to a new neighborhood stated that they couldn't feel attached to this new place and they miss their old neighborhoods. Although urban transformation's impacts are more visible and severe in Fikirtepe due to its lower income inhabitants, almost all of the neighborhoods in Kadıköy are under reconstructions and the numbers of moving out somewhere else are increasing due to the displacements. One of the participants who had to move out from her house in Suadiye after 40 years states that:

I was quite happy with my house and neighborhood before I had to move to here. My house was solid but because of the people who are profiting from urban regeneration, they forced us to move out. I was good friends with all of my neighbors and shopkeepers there. I am living here for 8 months and don't know anyone. My husband still goes to our old neighborhood every

day to chat with the shopkeepers. I don't go the pharmacy here; I go to my own pharmacy in Suadiye (Female, 78, Göztepe).

Especially if the participants were living at their neighborhood for a long time, moving to a new neighborhood fundamentally affects their social life. As the participant from Göztepe stated, most of them go back to their old neighborhoods to socialize with people. This is also closely related with the opportunities of community engagement. Since the older people don't have any other option to socialize within their own neighborhoods, they visit their old neighborhoods to overcome this need. However, this is not practical for older people who have physical disabilities or economic problems:

New people are not coming to here because the whole neighborhood is under construction; it is like a ghost town. And I can't go anywhere because I can't walk by myself and I don't know anyone expect from here (Male, 70, Fikirtepe)

The poor opportunities for social interaction combined with physical disabilities results in lower quality of life and social exclusion in later life. Improving the physical assistance and support features for mobility is a key for an age friendly environment. One of the participants who had to move to a new neighborhood stated that she comes to her old neighborhood to interact with other people:

I come to here every week to meet with my friends. My bank branch is here, my doctor is here. Fortunately my health condition is good so I can come to here all by myself. Otherwise it would be a nightmare for me to live there (referring to her new neighborhood) all alone (Female, 72, Caferağa)

The participants who regularly visit their old neighborhood stated that they use public transportation to come to their former neighborhoods. Since it is very challenging to use public transportation for elderly, their health condition plays a key role here. As the participant from Fikirtepe stated, if they have some sort of physical disability, using public transformation is not considered as an option for

transport since it is not accessible for disabled people. Taxis and private transportation vehicles are the only options for them to visit their old neighborhoods and due to the high costs; they can't afford to visit their old neighborhoods as much as they want.

The concept of right to the city cannot be understood without the dynamics of justice and equality at public spaces and a right to participate to decision making processes. If we consider Lefebvre's (1996) two main concepts; *appropriation* and *participation* as the key components of a right to the city, appropriating the city according to the inhabitants' needs and demands and participating to decision making processes come to light as the prominent issues. Both of these components are in a close relation with agency; enabling citizens to participate political and social life and claim rights according to their needs. So in the case of elderly, participating to political and social life as active citizens is an important aspect of an age friendly community since it ensures a bottom up governance model. The encouragement and empowerment of older people at both social and political levels provide an environment to raise their voice according to their own demands and needs. Since the political atmosphere in Turkey is unstable and conflicting in recent years, the trust in governmental institutions and political organizations weakened. This situation directly effects older people's perception on their political participation. The majority of the participants stated that, although they consider the right to the city as their right, they don't have a voice over the decision making processes about the city. This perception is mostly related with the urban transformation in Kadıköy; some participants said that the urban transformation issue is beyond their reach:

Do you think that urban transformation is fair? Do you think these high, unearned rents are fair? They didn't even ask us. And we couldn't do anything about it. They said 'we are going to demolish this building' then they came and they did. None of us could do anything (Male, 70, Fikirtepe)

As in the case of the participant from Fikirtepe, the inhabitants who don't want to leave their houses couldn't find any other option. This violation of rights was the result of a top down governance model. It is important to note that, ignoring the inhabitants' voice in the case of urban transformation also weakened their general perception about the political participation process. Most of the participants expressed their discouragement and disappointment after the urban transformation in Kadıköy:

I know that I have the right to transform my neighborhood democratically, but the 'managers' of these governmental institutions are not fair people. We are not living in a just city. Because of this, I don't go or call the municipality or some institution anymore if something is wrong. I don't do anything about it (Male, 90, Göztepe).

Gentrification is another dimension of urban transformation affecting older people's life in İstanbul. Gentrification is a concept coined by Ruth Glass in 1964 which means the invasion of a neighborhood formerly inhabited by working class households by the middle class (Ruth,1964 cited in Smith,2002;430). This invasion is now considered as part of the new urbanism understanding of the global neoliberal discourse (Smith, 2002). Although Caferağa was already a middle/upper middle class neighborhood before the 2000s, Fikirtepe was a low income neighborhood and now is experiencing gentrification severely. While the inhabitants of Fikirtepe had to move out from their houses because of the new and luxurious housing complexes, the inhabitants of Caferağa also followed a similar path. In the last decade, the visitors of Caferağa from other neighborhoods and the number of cafes, restaurants and bars increased abnormally, the rents and prices of the houses went high, and the life conditions for elderly became harder:

In the past it was affordable to live here as a school teacher, now the rents are too high. Most of the house owners own their houses for at least two generations, so the residents are also old. Also the houses are old, so their expenditures are high. Because of this, people are renting their houses to younger

people and moving out to neighborhoods where the rents are lower. They are doubling their income by renting their houses here; it is an extra income opportunity. Otherwise it is too hard to live on the pensions (Male,77, Caferağa)

As one of the participants stated, the life conditions for elderly in Caferağa worsened after the gentrification process. While some of them stressed that they were disturbed by the noise and crowd at night because of the cafes and bars, some participants stated their life quality affected deeply because of the high prices of the markets and shops in the neighborhood. It can be said that, older people's right to the city with regard to decisions about urban transformation disregarded and their participation to the processes as active actors ignored.

The issue of urban transformation is in close relation with the age friendly features of the urban area. According to WHO (2007), there are eight domains of an age friendly urban life; outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. The outdoor spaces and building's conditions are one of the most important aspects of an age friendly city in terms mobility and accessibility. The number of green spaces, the quality of walkways, a quiet and clean environment, and architectural adjustments for disabled people at buildings are very important components. The air pollution and poor conditions of the pavements were the most addressed issues at Kadıköy by the participants. Participants stated that the air pollution worsened over the past few years because of the construction areas of urban transformation, and the earthmoving trucks damaged the pavements on the streets. Five of the participants stressed that they had fell down before in the streets because of the unstable and uneven surfaces, some of them said that they had injured heavily and broke some of their bones. Physical injuries at old age constitute a big problem in terms of disability and accessibility. Also, the physical health condition is closely related with mental and psychological health status. As one of the participants stated, experiencing an incident effects older people's mental health:

My wife, who is also close to my age, fell down on the street two years ago and broke her collarbone. She is physically okay now but since then, she became fearful. She doesn't want to walk somewhere, even the place is too close she wants to go with a car or a bus. She is mostly hanging at home now, watching TV. She is depressed (Male, 75, Hasanpaşa)

The poor quality of the outdoor spaces and buildings are also a central problem in terms of safety. Unstable and uneven pavements were the most addressed environmental problem at outdoor places. The risk of falling down at urban areas stands as the main source of fear with regard to physical environment:

The pavements are like traps for older people. I fell down many times while walking on the streets. More recently I fell down when I was returning from our family doctor and hurt my nose. Fortunately my daughter was with me so she took care of me, but I feel very scared when I am walking alone outside now (Female, 75, Suadiye).

Kadıköy has a fortunate geographical position because of its position at the coast of İstanbul; there is a coastline which is proper for walks, cycling or any sort of sports activities. This coastline also has a number of resting places and outdoor seating for its visitors. But the participants stated that their accessibility to the coast declined in the recent years due to urban regeneration and the increased number of new buildings. Some participants who are living in Kadıköy for more than 50 years stressed that, the public spaces at the coastline were wider and more accessible before 1990s; some of them stated that they were even able to swim in the sea and use the beach in 1960s and 1970s. After the rapid and dense housing trend in Kadıköy, the beach and coastline parceled by private companies and inhabitant's access to the coast restricted. This intervention to the right to the city resulted in with the decline of the mobility of the older people in Kadıköy. Along with the coastline, there are several green spaces in Kadıköy compared to the other districts in İstanbul such as bigger parks like Göztepe Park, Özgürlük Park, Yoğurtçu Park, Fenerbahçe Park and a number of smaller parks. The number of

green spaces in Kadıköy was the most addressed upside of being a Kadıköy inhabitant among the participants. Most of them stressed that the most attractive part of Kadıköy is the number of green spaces and parks.

The status of housing in Kadıköy is also shaped by urban transformation in the last decades. Due to Kadıköy's inhabitants' socio-economic class, all of the participants of this study were house owners. Although, all of them stated that they bought their houses when Kadıköy was not such a popular and expensive district of İstanbul, all participants had stable income channels throughout their lives. All of the participants except three of them stated that they are living in their own houses; the other three was living in rented houses because of urban transformation. So we can say that the socio-economic class of the participants enables them to afford a house in Kadıköy. This is important because housing conditions are closely linked with one's socio-economic class. If we consider the rent and house prices in Kadıköy in 2017, we can say that is not even close to being affordable. As I have argued before, due to gentrification and new, luxuries housing complexes, the house and rent prices in Kadıköy increased up dramatically in the last decade. These new housing options also had an impact on the population of Kadıköy; since the capacity of these new housings are significantly higher than the former buildings, the population of the neighborhoods raised noticeably. Unsurprisingly, this population directly affected the traffic and transportation conditions in Kadıköy. The overcrowding of the public transports was the most addressed issue by the participants:

I usually avoid from using public transport, especially buses. I felt stucked in the bus. The buses are always packed. I can't travel standing, so I need to sit down and I can never find an empty seating. Once I fell down and broke my heel on a bus (Female, 78, Göztepe).

Transportation is a multidimensional component of an age friendly environment since it is in interaction with accessibility, mobility, affordability and safety. There is a consensus on the encouragement of using public transportation

at later life (WHO, 2007); public transportation vehicles are prioritized in the social policies of the governments than self driving cars. There are several reasons for that like air pollution, the amount of carbon emission, overcrowdings at traffic, high costs of private cars, and safety issues. This is also valid in Turkey. Public transportation became free of charge for people who are age 65 and over in 2014 in Turkey. This was a strong signal from the government even though the discourse about the issue was not about age friendliness; this policy implementation resulted in with increased mobility of elderly around the urban areas. Three of the participants said that they are still driving their own cars but all of them also said that they can't drive in the city since it is overcrowded and stressful. Due to İstanbul's difficult traffic conditions, most of them chose to use public transports. One participant stressed this issue during the interviews: "I have my own car but I can't drive in the city, I only drive in interprovincial roads because they are less crowded. I can't stand to drive in İstanbul, I feel suffocated" (Female, 70, Hasanpaşa). But the quality of the public transportation vehicles in İstanbul is also a problem. There are some implementations of age and disability friendly vehicles in İstanbul, for instance some of the buses have priority seating and ramps for wheelchairs and some subway stations have elevators. But most of the public transport vehicles are inadequate in terms of age friendliness mostly because of their limited capacity and unqualified equipments.

Although public transport became available and affordable for older people in recent years, safety and comfort is still a big issue. Most of the participants stated that they don't feel safe when they get on a bus or a train in İstanbul; "I always put my phone and my wallet in a zipped pocket if I am getting on the bus" (Male, 81, Fikirtepe). Public transport must be safe from crime in order to provide safety and comfort for elderly, but physical safety is also important. The frequency of the transport stops and stations, ramps and elevators to the vehicles, clean and adequate seatings are all parts of the age friendly transportation. Kadıköy's transportation network is considerably advanced due to its centrality in İstanbul; there is a metro line (M4), multiple ferry lines, metrobus and bus lines,

and a rail line (Marmaray) that provides transport to the European side of the city. Also there are multiple bus and minibus lines and a tramway operating within Kadıköy. Because of this, participants were able to find transport stops and stations easily. The majority of the participants stressed that the transport network of Kadıköy is well organized and sufficient compared to other parts of İstanbul. Notwithstanding, taxi was the number one choice of transport among the participants. As they have highlighted, the overcrowding at public transports and the trouble of getting on and off the buses were the prominent reason for that choice. Most of the participants stated that they choose to use public transports for only close travels and use taxi for far directions.

High rates of crime, poor psychical conditions of the environment and low community engagement are the main factors affecting older people's sense of safety. Also as Buffel and colleagues (2012) argued, "older people may be especially vulnerable to environmental changes affecting urban areas" such as heat waves and earthquakes (Buffel et al.,2012;603). So in these terms, safety encompasses a variety of meanings including physical and psychological senses of security. As Pain (2000) discussed, the fear of crime is closely linked with social and economic problems concerning housing, employment and social exclusion (relating to poverty, gender, race and so on) (Pain, 2000; 365). Buffel and colleagues' 2012 study shows that "evidence from the Belgian Ageing Studies demonstrates that neighborhoods with poor physical environments and limited access to services also increase feelings of insecurity" and conversely "older people who enjoy living in their neighborhood and have the opportunity to have a say in what their neighborhood looks like (e.g. through political participation) express fewer problems relating to lack of safety and security (De Donder, 2011 cited in Buffel et al.,2012; 603). As in this example, social participation to community strengthens older people's attachment to their neighborhood and constructs a sense of safety. The majority of the participants stated that they don't feel safe in İstanbul due to high crime rates and the poor quality of the urban areas, but they consider Kadıköy as a safer area. The reason

behind this perception is the familiarity of the neighborhood and the trust in their social network. Almost all of the participants emphasized the citizen profile in Kadıköy as more decent people compared to other provinces of İstanbul:

People who live in Kadıköy are old İstanbulites. They are educated and decent (*düzgün*) people. I don't think they will harm anyone. Kadıköy didn't deteriorate like the other provinces in İstanbul, it remained peaceful (Male, 77, Caferağa).

In the more low-income neighborhoods, the sense of safety declines compared to other parts in Kadıköy. Participants from Fikirtepe and Hasanpaşa stated that they don't feel secure if they go out after dark. Some of the participants related this with the immigrants and stated that they think the refugees are posing a risk for their safety. Fikirtepe has the highest immigrant population in Kadıköy, especially Syrian and Afghan immigrants:

İstanbul is not a safe place; there are all kinds of people from different cultures. Millions of foreigners are living here now. If you ask me, I am not hostile towards them but they make me feel uncomfortable (Male, 87, Sahrayıcedid).

I don't feel secure at night; I am more comfortable during the day. Fikirtepe deteriorated so much (*çok karıştı*) after the Syrian refugees. I don't feel secure when they are around (Male, 81, Fikirtepe).

This safety concern is mostly shaped by the discourse of the mainstream media. Because when the participants asked if they themselves or someone they know from the neighborhood ever experienced such a crime or criminal victimization, the answers showed that they had never experienced or heard such as crime case where the perpetrator was an immigrant. Most of the feelings of insecurity were centralized around crime; one of the participants said she started to feel insecure after her neighbor upstairs experienced a robbery, she set a security alarm at her apartment door after this incident. Close relationships with neighbors at the apartment has a significance impact on security. Older people who have close

relationships with their neighbors expressed less insecurity problems compared to older people who don't know their neighbors very well. Moreover, the lack of public transportation at night time was another safety issue. The participants stated that even though they want to go out after dark, they don't have any means to return back at their homes. This issue stands as an obstacle for older people's social life:

Sometimes I go to the cinema or a concert, but returning back at home is a big problem. There is no bus working after midnight. You know, the incidents in İstanbul are too high; there are pickpockets on the streets. How can they know that I don't have money on me and I am just living off my pension? I always think about returning back home. Because of this I only go to the events if I am with my friends. I don't go somewhere if I am alone (Female, 75, Suadiye).

So far, I have presented the physical conditions and experiences of older people at public areas in Kadıköy in terms of age friendliness, but the social aspect of the urban life also plays a key role in older people's well-being. Participation to social life through political participation and civic engagement enables older people's contribution to society and fosters self esteem and health in later life. While the quality of physical features of an urban area is crucial to achieve such goals, the social and political dimensions at the local level are also important.

3.3. The Dynamics of Social Life: Social Inclusion and Engagement Opportunities for Elderly in Kadıköy

Older people's participation to social life is closely related with their families in Turkey. As Aközer and friends (2011) argued, because of the close knitted traditional structure of the family in Turkey, people tend to put their families at the center of their lives as they age. This is mostly linked with limited options and opportunities for elderly at social life. Especially after retirement, most of the elderly have very limited options to socially interact with people other

than their families. It is important to note that, this situation is also related with the poor quality of welfare and care services Turkey offers to its senior citizens. Since the state's social services are not taking responsibility for the needs and demands of elderly, the responsibility for many needs are taken by family members.

There are several determinants of a person's active participation to social life such as gender, socio-economic class, culture, personal preferences and health status. Because of these, the political and social strategies and plans to promote older people's participation require a more holistic approach. The urban space should allow all of its citizens to equally access its services and to contribute the city. It is not only a city which physically enables its senior citizens to live and travel freely throughout the city, but also enables them to actively participate into decision making processes so they can decide for themselves. In these terms, an age friendly city is a city where all of its citizens have the same right to the city. So for a livable community for all age groups, a model of bottom up governance should be enabled. This bottom up governance is closely linked with the right to the city since it allows participation by empowering the citizens and creating opportunities to enhance their neighborhoods and community. Purcell (2003) emphasizes that the right to the city "imagines inhabitants to have two main rights: 1) the right to *appropriate* urban space; and 2) the right to *participate* centrally in the production of urban space" (Purcell, 2003;577). He argues that Lefebvre's interpretation of appropriation is not related to a private ownership of the space, but a reference to the "the full and complete usage" of the urban space by the inhabitants in the course of their everyday lives (Lefebvre,1968 cited in Purcell,2003;577). At this point, it is important to note that Lefebvre's understanding of a citizenship is not derive from a nation-state membership, but rather a membership based on inhabitation. As Purcell (2003) argues in reference to Lefebvre, the right to the city is earned by *living in* the city (Purcel, 2003;577). The right to the city incorporates the right to participate to the community and politics at the local and national levels, as well as the right to access good

transportation and housing at urban areas. Although it derives from Lefebvre's interpretation of the concept, it has a broader meaning today, encompassing both the socio-economic and liberal democratic rights. Today, adopted by NGO'S and several institutions, the concept refers to a right which enables inhabitants as active citizens who are reclaiming the city according to their needs and demands.

From this point of view, it can be said that all Kadıköy inhabitants should have the right to appropriate the city according to their demands and a right to participate to the decision making processes about the urban. This requires a bottom up participation model in order to enable the citizens. The voluntary centers (*Gönüllü Evleri*), community houses (*Mahalle Evleri*) and the Senior Citizen Assembly (*Kıdemli Yurttaşlar Meclisi*) of Kadıköy Municipality can be seen as examples of such bottom up governance model because it enables older Kadıköy residents to participate actively to the decision making processes on their neighborhood. Providing voluntary work and employment options for older people has a significant impact on their civic engagement and political participation. Since there is no policy or legislation for elderly to prevent discrimination on the basis of age, there are no specific employment options for elderly in Turkey, but some of them continue to work after retirement. For instance, some of the participants noted that they continued to work after their retirement, but all of them stated that it was due to economic reasons because the monthly pensions were too low to maintain their life. According to WHO's *Global Age Friendly Cities: A Guide* (2007), governments must provide flexible opportunities, with options for part time or seasonal employment for older people and set employment programs and agencies for older people. In the case of Kadıköy, none of the local institutions have a specific employment program for elderly, but Kadıköy Municipality provides certain voluntary work options for its citizens through community and voluntary centers. These centers provide social interaction within and outside the community for older people and a channel to contribute to the decision making processes about their neighborhoods. Voluntary work and accessible social services offered by the local municipality seems to be

most important aspect of elderly's social life in Kadıköy after their family and friends. 42.8 % of the participants of this study were doing voluntary work by the time the interviews done. Most of them were volunteers at Voluntary Centers (*Gönüllü Evi*) or Community Houses (*Mahalle Evi*) of Kadıköy Municipality. There are currently 21 volunteer and neighborhood centers actively working in Kadıköy. According to Kadıköy Municipality, the aim of these centers is to “provide social solidarity and help each other as Kadıköy residents, and enhance the urban life in Kadıköy”. These centers provide activities and courses for Kadıköy residents. There are several courses offered such as dance, music, computer, foreign languages and painting. Also they organize certain activities like seminars, book club meetings, and conferences. Since Kadıköy's elderly population is 17.7% (TÜİK, 2017), most of these center's members are older people. During the interviews, one of the officers from Kadıköy Municipality stressed that, “even though the intention was not that, the volunteer houses are functioning as active ageing centers in Kadıköy”; lots of elderly people are joining their community, working as volunteers and attending courses offered by these centers. In addition to the courses and activities, the members of these voluntary houses organize meetings with the inhabitants to discuss the problems of their neighborhood and develop proposals for the municipality to fix the issues. That is to say, voluntary and community centers offer socialization opportunities for older people in Kadıköy. The participants who are actively working at these centers expressed that they go to these centers to chat with other volunteers and spend time over there.

There is another dimension of these voluntary centers that I think has a significant importance. The volunteer center at Fikirtepe (*Fikirtepe Gönüllü Evi*) differs from other volunteer centers in Kadıköy because of its members' profile. Although the members' ages are significantly high in other neighborhoods, Fikirtepe Gönüllü Evi's members were substantially young. The president of Fikirtepe Gönüllü Evi explains this situation with socio-economic challenges. Fikirtepe is the most economically disadvantaged neighborhoods in Kadıköy,

mostly considered as the slum area, and after the urban regeneration projects which started in 2010, the population in Fikirtepe significantly decreased. Fikirtepe's residents forced to sell their houses and moved to the outer places off the city. The rest of the residents in Fikirtepe are still struggling with socio-economic challenges. As the president of Fikirtepe Gönüllü Evi puts it "the youngsters are coming here to learn something and create a job opportunity afterwards". The volunteer house in Fikirtepe is not functioning as a voluntary work center but more like a community center (*halk evi*). Young residents of Fikirtepe attend to the courses such as needlecraft, English language, jewelry design and knitting to create certain job opportunities after the courses. When I asked the president of Fikirtepe Gönüllü Evi where the elderly is, she said that elderly in Fikirtepe are usually people who are lack of any kind of social security so they cannot afford to socialize with other people outside their houses. She points out that some of the elderly men go to local coffee houses (*kıraathane*), but almost all of the women are staying at their houses all day. This shows us the class and gender dimension of doing voluntary work at later life.

In order to provide elderly's participation to social life, the range of events must be designed for people from different age and income groups and cultures. Public awareness on the issues of ageing stands as a key factor here. Kadıköy Municipality organizes several seminars and conferences on the issue in collaboration with NGO's and private institutions every year. For instance, Kadıköy Municipality organized an event called "Birlikte Yaş Alıyoruz: Sağlıklı ve Mutlu Yaşam Şenliği" (*Ageing Together: Healthy and Happy Life Festival*) in March 2017, where they collaborated with 65+ Elderly Rights Association (*65+ Yaşlı Hakları Derneği*), Department of Geriatric from İstanbul University Cerrahpaşa Medicine School and Koşuyolu Community Center (*Koşuyolu Mahalle Evi*). At this event, participants informed about the importance of nutrition and exercise at later life and elderly rights. After the series of seminars, the community centers' Turkish Classical Music Choir gave a concert and

performed a dance show. It is important to note that, organizing these sorts of gatherings and activities prevent older people from social isolation.

Kadıköy Municipality's activities at the Elderly Week (*Yaşlılar Haftası*) demonstrate the municipality's services for elderly. The municipality organized a forum called "*Kadıköy 65+ Forum*", where the specialists from Kadıköy Municipality informed the senior citizens about their recent health care services and presented their yearly report on elderly in Kadıköy. At this forum, the age friendly features of Kadıköy are opened to discussion, and the participants asked to contribute to the discussion by giving either policy proposals or complaints. This forum was a good example of a practice of the right to the city. The local municipality formed a channel for older adults through public discussion to reflect their demands and needs. The discussion's outcomes were very close to the outcomes of this study's. As a result of this forum, the majority of Kadıköy's senior citizens demanded more cultural activities and more options for voluntary work to enhance their social lives. However, the most addressed issue of Kadıköy was the urban transformation; participants complained about the conditions of the traffic and safety with regard to accessibility. The poor conditions of the pavements, double sided parking lines at the streets and the earthmoving trucks on the traffic are referred as the main troubles at the urban areas; participants stressed that, they don't feel safe and secure because of these threats.

Senior Citizens Assembly (*Kıdemli Yurttaşlar Meclisi*) of Kadıköy Municipality is an active council within the municipality, working on active ageing projects for older people in Kadıköy. According to their annual report in 2016, the assembly's members organized gatherings, visited nursing homes in Kadıköy, and organized several seminars and panels to raise public awareness about the importance of active ageing. As in the example of senior citizen assembly, providing concrete participation means to the local government's decision making processes foster older people's active involvement to civic engagement practices and strengthens their belonging to their neighborhoods. Although this is a good practice of a right to the city, the efficiency of this

assembly is limited. For instance, none of the participants were informed about the existence or function of this assembly. This shows us that, the information channels of the municipality are not efficient enough to reach older citizens in Kadıköy.

Promoting social participation through institutional instruments makes a significant difference in older people's lives. Because of this, creating opportunities for social interaction is important. Although Kadıköy Municipality makes an effort to foster social participation, the events and opportunities are still one dimensional. This is because intergenerational interaction is still an overlooked aspect of social participation. Intergenerational communication and solidarity has an important impact on older people's self esteem and life satisfaction. It is a key factor to build respect and foster communication between different generation; enabling older people to share their knowledge and expertise and creating an environment for younger generations to derive from this knowledge is essential for social participation. Theiss-Morse and Hibbing (2005) argues that, civic engagement among different generations provides bonding and bridging between diverse groups because it allows citizens an outward looking and shapes interpersonal trusts. If there is no means for interaction between different generations, older people are at the risk of isolation; "I have never been in the old people house before (referring to Social Center in Kadıköy). I don't think I can fit there. I don't want to be around older people all the time" (Female, 77, Kozyatağı). As the participant stated, centers and places especially designed for older people could be another reason for social isolation. Personal preferences must be taken into consideration here; some older people want to interact with younger generations rather than people who are in the same age group with them due to personal preferences. The key here is to provide several options to socialize with other people. While some of the participants stated they prefer to be around people who are close to their age, some of them stated that they are seeking for diversity.

The ageist attitudes and disrespectfulness from other people in the neighborhood is another aspect of social isolation. Although the majority of the participants stated they didn't experienced any ageist behaviors towards them, most of them noted that they had experienced hostile behaviors from other people. Some of the participants didn't correlate this type of behavior with their age, and explained it as a coincidence. And some of them responded that they were treated disrespectfully because of their age. In addition, most of the women participants indicated that they had experienced hostile behaviors because of their gender.

Sometimes I react against people who are disrespectful to me on the streets and they answer me very impolitely. There was this one time, I warned a younger man to not to throw his garbage on the street and he walked up to me (*üstüme yürüdü*). I took shelter in the nearest shop until he is gone. After this, I am scared of warning someone on the streets (Female, 72, Caferağa).

Such experiences affect older people's self esteem and sense of safety on the streets. Helpfulness of the community and public awareness on social isolation has a major impact when dealing with these kinds of attitudes. So the services and activities of the municipalities or NGO's also need to aim at different segments of the society in order to value their contribution to the society and have respect for older people. The personal relationships within their neighborhood have a significant effect on elderly's social life and life satisfaction. Most of the participants stated that their relationship with the residents of their neighborhood is satisfying. Only the participants from lower income neighborhoods stated that they are not happy with how the inhabitants of their neighborhood treated them:

Dealing with neighbors is tough in a city life. I don't even know who my neighbors are. For instance, my wife is also my age, and we have this neighbor who is younger than us. Well, I am expecting them to knock our door some day and just ask us if we are okay or not. But no, they don't even do that. I don't expect too much, just ask me how I am. Even that is enough (Male, 75, Hasanpaşa).

As it is seen, the lack of interaction within the close community can be resulted in with negative perceptions about the neighborhood. Most of the participants correlated their life satisfaction with their neighborhood. Because of this, it is important to develop strategies to foster community integration. Also, it can be said that there is a difference based on socio-economic class in terms of community integration. While the participants from higher income neighborhoods expressed more attachment to their neighborhood, participants from lower income neighborhoods stressed a sense of discrimination. This is closely related with older people's daily activities and experiences at their neighborhood. The daily activities of elderly are coincide with their health status and socio-economic class. Although most the older persons' daily activities are based on a routine, the variety and quality of these activities significantly differ between neighborhoods and individuals. First, the health dimension is the most determinant component since it is closely related with accessibility. Two of the participants in this study was physically disabled and couldn't walk without the help of someone else or a walking stick, but all of them were still able to continue to do their personal care activities such as bathing, dressing, feeding and toileting.

When the participants were asked to describe their daily routines, all of the participants referred to their family and friends in their everyday lives. Besides from house work such as going to grocery shopping, cleaning the house and cooking, the most mentioned activity was meeting with friends among participants. Kadıköy's resident's socio-economic class is an important aspect of this kind of activity, besides from the voluntary centers, meeting with friends is usually an activity taking place in cafes and restaurant in the neighborhood. Since all of the participants of this study were receiving monthly pensions, most of them were able to afford meetings outside the house, but other research on older people's daily activities in Turkey shows us that most of the older people spend their times at their homes. Otrar and Kurtkapan's (2015) study on older people in İstanbul shows that the most frequent activity is watching TV (98.3 %), visiting acquaintances (68.8 %) and having a guest at home (74 %). Aközer and friends

(2011) study also gives the same results; the top three activities of the participants were watching TV, going to shopping and visiting neighbors and family.

The issue of finding a place to spend quality time is an important aspect of an integrated and satisfying social life. While the numbers of public spaces are diminishing in İstanbul, especially in the last decades, the “complete and full usage” (Lefebvre,1968) of the urban space is becoming more difficult for the citizens. As Lefebvr argues, “urban life suggests meetings, the confrontation of differences, reciprocal knowledge and acknowledgment (including ideological and political confrontation), ways of living, ‘patterns’ which coexists in the city” (Lefebvre,1996; 75). In order to experience these meetings and confrontations, the space must enable its inhabitants to encounter with each other and live together. The lack of encounters and meetings may be resulted in with spatial disintegration which can be the root cause of social exclusion and discrimination. Accessibility and inclusion are the key factors to overcome this spatial disintegration in the case of older people. Although Kadıköy offers many urban spaces and meeting places for its younger inhabitants, there are not enough places for elderly to spend their time.

The lack of places to spend quality time in Kadıköy was reflected by the majority of participants. Affordability and accessibility emerged as the most addressed components of the problem. Most of the participants’ only income source was their monthly pension. As I have discussed before, the amount of retirement pensions in Turkey cannot be considered as adequate to maintain a social life in later life. Because of this, most of the participants stated that they cannot afford to spend their time outside their houses as much as they want. This economic aspect of accessibility is a major obstacle to elderly’s inclusion into urban life. Especially after the gentrification process of certain neighborhoods in Kadıköy, the number of cafes, bars and restaurants increased quite fast along with the prices. As most of the participants stressed, the high prices of these places limit them to go out. In addition to the affordability problem, the gentrification process brought in new forms of social networks to Kadıköy. The newly opened

cafes, shopping malls or “luxurious living complexes” are all designed for younger people. The target audiences for these places are not older people, so they do not bother to arrange the environment in terms of age friendliness. In this case, we cannot talk about the “full and complete usage of the space” by older people since they don’t have the access to certain places:

I can’t find a place to go in Kadıköy. There was this place two years ago; I was going there almost every day to chat with people. I was meeting with my former colleagues and drink tea. Now they had turned it into some sort of fancy café. The tea was 1.5 liras, now it is 5 liras and plus I don’t know the owner. So I don’t go there anymore, it is a pity (Male, 73, Hasanpaşa).

Sometimes I go the cafes and restaurants at Bağdat Street, but I can’t stay for long. People are really loud, they waiters are looking at you to eat or drink something all the time, and the music is usually too loud for me. I feel very disturbed by all these (Female, 75, Suadiye).

As the participants stressed, the places to socialize with other people such as cafes and restaurants in Kadıköy cannot be considered as age friendly. For this reason, most of the participants stated that they prefer to go to green spaces or to voluntary centers to socialize with other people. Although the number of green spaces are not enough considering the population in Kadıköy, green spaces such as parks and the coastline are the most preferred public spaces in Kadıköy by older people. Some of the participants stated that they consider themselves lucky to live in Kadıköy because they have the parks and the coastline even though they are limited. Most of the participants stated they tend to go places where they can access easily and can find people who are close to their age, but some participants stated that they want to go the places where they can interact with different people:

I only go to the parks, because I find a lot of different people there. Here (referring to the Social Center (*sosyal yaşam evi*) everyone is old. But the parks are not like that, there are all types of people at the parks, most of

them younger than me; some of them are playing, some of them are relaxing on the benches, some of them are playing football... I feel good when I am around them (Male, 87, Sahrayıcedid).

Informing the citizens about the recent regulations and news is a responsibility of the governmental and local institutions. In the case of civic engagement, the right to demand information is closely linked with one's right to the city since it can foster grassroots politics and increase the voice of ordinary people. As the information channels are evolving, older people's access to information gets difficult. According to TÜİK's 2016 Bulletin of Elderly with Statistics only 8.8 % of the people who are between age 65-74 have an internet access. This is a common pattern among elderly in Turkey. Although "silver surfers" is now a widely used term for elderly people who uses internet (Helsper, 2009), Turkey's percentage of internet usage among older people is still quite low. The lack of training opportunities is the primary barrier to engaging older adults in the digital era and resulting in with a "digital divide" (AARP, 2017). Since internet became a very important source of information in the last decades, older people's integration to this new service must be prioritized in the social policy agenda. For a better communication and information environment for elderly, WHO (2007) suggests that computers and internet must be accessible, printed information and oral communication opportunities must be expanded and regular information and programme broadcasts must be offered in both regular and targeted media (WHO,2007;64) The voluntary houses (*Gönüllü Evleri*) and community centers (*Mahalle Evleri*) of Kadıköy Municipality offers computer lessons to the residents of the neighborhood on payment of a small fee. In addition, the Social Center (*Sosyal Yaşam Evi*) offers computer lessons for women who are age 55 and over, and men who are 65 and over with no fee. These kinds of implementations are crucial to integrate elderly to new forms of information channels, but on the other hand, considering the older people population in Kadıköy, these courses offer a limited quota.

Most of the participants didn't have proper access to such information channels and were using traditional information channels such as TV and newspapers. Only five of the participants stated that they are using computers and all of them accessed it through their close friends or family members. Only one of the participants responded that he cannot use any sort of communication device due to his health condition, other participants were using mobile phones. Most of them stated that they receive the information about Kadıköy through the local newspaper and sometimes from the billboards on the streets. The local government and institutions must take this into consideration and must expand its information distribution channels for all of age groups. As one of the participants said about Kadıköy Municipality:

They open new centers and houses every year in Kadıköy, but we don't know what they are. I feel like I won't be welcomed there if I go to there. What I am going to? Do I have to go there and ask what this place is? They are not welcoming at all. The promotion and publication of these new centers and places are poor (Female, 70, Hasanpaşa).

Receiving information about the urban life and municipal services is the first step to civic engagement. It is closely related to the right to the city since it enables the citizens to mobilize and take positions on the decisions about the city. Easy access to information and simplified participation processes are not only issues for older people; these complicated steps are standing as an obstacle for all citizens. But considering the disabilities and reduced physical and mental functioning in old age, information channels must be improvised according to the needs of older people. The political polarization in Turkey is another issue regarding the political participation and inclusion of older people. The distrust in political institutions discourages inhabitants to raise their voice and claim rights. Accountability and transparency of the local and governmental institutions play a key role in informing the citizens about the recent regulations and news about the city. On the other hand, informing the citizens about the participation and communication channels is an important aspect. In the case of elderly, the need

for healthy and accessible information becomes more significant. The lack of easy access channels to information was prominent among participants. They had highlighted that, since the regulations and policies are changing frequently, they couldn't keep up with the news about the city. The majority of the participants stated that they don't know who to speak about the problems of their neighborhood:

Sometimes I am thinking to make a complaint about the uneven pavements in my neighborhood, and then I give up. Because who should I talk to? You know, they will say 'we are not doing that sort of stuff, you should go there' and when I go there, that person will say 'no we are not doing it here, you should go this place'... it is so frustrating (Female, 70, Hasanpaşa).

The first place comes to my mind is the local municipality, but I don't know which department. I tried to reach someone from Kadıköy Municipality a few years ago for a recycle bin at my street; I went there, but they said I should book an appointment before going there. So I couldn't talk to anybody and I turned back (Male, 82, Kozyatağı).

Besides from the insecurity and distrust into political institutions, some participants stressed the collective nature of the right to the city. As Harvey (2008) argues, the right to the city is "a common rather than an individual right since this transformation inevitably depends upon the exercise of a collective power to reshape the processes of urbanization" (Harvey,2008; 23). Harvey's emphasis on inhabitants' collective right is closely related with the power of participatory means to decision making processes;

When something bothers me in my neighborhood, first I go to the local authority (*muhtar*), because it is the closest place to me. But I don't think it will change anything if I only go by myself. It only works if we are crowded or if we signed a petition, then it can work. Otherwise, no one would take me seriously (Female, 77, Kozyatağı)

I am mostly focusing on the parks. The city is our right. I always think about the next generation, what will they do? I do my part as a citizen to defend the city. I know that I don't have a voice by myself. Because of this, I prefer to go to the voluntary centers and work together with them (Female, 80, Feneryolu).

The participants were aware of the fact that claiming the city was a collective right. But the interviews also showed that they think that their voice cannot be heard unless they are cooperating with other people. This shows us that, the encouragement of older people to participate to decision making is an unfocused issue since most of the participants stated their insecurity and distrust in voicing their demands to institutions.

In conclusion, older people's participation to social and political life is tied with the opportunities of civic engagement offered by the local institution. In the case of older people in Kadıköy, the voluntary and community centers provide certain channels to participate to the decision making processes and enables their contribution to the city. Along with this, these centers provide a meeting place for the senior citizens to interact and socialize with each other. However, the options and opportunities offered by the municipality fail to reach all of the senior citizens. The participants from lower income neighborhoods still struggle with social exclusion both in social life and civic engagement.

CONCLUSION

Over the course of this thesis, I analyzed older people's experiences at urban areas with regard to civic participation, inclusion and engagement opportunities offered by the city, and incorporated these issues with the right to the city by focusing on Kadıköy's older inhabitants' experiences. While doing my analysis, I have also taken the background and current status of social policy for elderly and particular theoretical frameworks in consideration in order to examine the different aspects of urban ageing in Turkey.

I argue that the physical conditions of the place and civic engagement opportunities offered by the city empower older people and contribute to their participation to the community. In addition to the concrete opportunities offered by the public space and the local municipality, socio-economic class, gender and personal health status came to light as the prominent determinants of civic participation to enable elderly to age in place at urban areas. Governments and international organization now agree that "supporting older people to continue living in the community for as long as possible makes both economic and social sense" (Lui et al.,2009). Because of this, providing alternatives for ageing in place contributes to both community and older persons. While most of the countries are aiming to enable senior citizens to age in place, an age friendly environment becomes crucial to achieve such goal. Although Turkey's last action plan on ageing incorporates some of the features and requirements for ageing in place, the implementations of these objectives are still inadequate.

First of all, the negative perceptions on ageing and older person stereotypes emerge as the prominent issues in the study. Negative stereotypes of older people such as the incapable and dependant older person or the poor and lonely older person images, directly effects older person's perception of themselves and in some cases cause self stereotyping which can be resulted in with the withdrawal from social life. The results of this study show that older people uses stereotypes to define themselves. While some of the participants use

the stereotypes to make a distinction between themselves and being old, some of them identified with the stereotypes. Incapability and dependency at later life came to light as the most addressed aspects of older person stereotypes among participants. These negative stereotypes are in close relation with implicit ageism. As Macnicol (2006) argues, ageism is “embedded in patterns of thinking and in unspoken assumptions, enduring myths, stereotypes, popular imagery and the societal acceptance of age based decline as inevitable” (Macnicol, 2006: 5). It can be said that, participant’s perception about older persons derives from the negative stereotypes in Turkish society which carries the traces of implicit ageism. On the other hand, physical dependency is closely related with one’s health status. Elderly health care is an unsolved issue in Turkey. Since the burden of elderly care is on the shoulders of the family, becoming dependant on someone else, and being physically disabled or incapable emerge as undesirable aspects of later life due to the lack of care options. Participants’ correlated old age with being dependant on someone, which is closely related with the poor elderly care conditions offered by the government.

Although the recent action plans on ageing started to focus on empowering elderly to age in place and incorporated active ageing issues, due to the inadequate and limited implementation of these policies, older people are at the risk of social isolation at later life. Close family relations becomes prominent here as a redemptive aspect. Participants stated that they depend on their children or partners for elderly care. The majority of the participants were living with their partner and children. These types of living arrangements are highly preferred in Turkey due to the limited options for elderly care.

The poor quality of the physical environment was the most addressed issue by the participants in terms of accessibility and mobility. The conditions of housing, outdoor spaces and buildings, pavements and walkways in public spaces comes to light as the core features for an age friendly environment. I argue that, universal design principles must be implemented by the local governments in order to increase older people’s mobility at urban areas. Since an age friendly

environment enables older people to “use, manipulate, or perform tasks in their environments” (Kendig,2003), the physical opportunities to enhance accessibility at later life are in close relation with older people’s participation to social life. The ongoing urban transformation in Kadıköy came to light as the most negative issue with regard to physical environment. Most of the participants were affected by the outcomes of the urban transformation process. While some of the outcomes were related with the physical condition of the urban such as air pollution, noise and overcrowdings at the traffic, some of them were related with socio-economic issues such as involuntary relocation and gentrification.

Urban transformation stands as the most important component of urban ageing and ageing in place among participants from Kadıköy. As Wiles et al. (2012) argue, enabling older people to age in place provides channels to maintain their sense of safety in terms of familiarity and attachment to the place and has practical aspects such as functionality and increased mobility at their home environment. Because of this, relocating elderly from their home environments where they feel attached results in with both psychological and physical changes. As the participants from Kadıköy who had experiences relocation due to urban transformation stated, they experience a difficulty to engage with their new environment and felt a sense of insecurity. Almost of them stressed that they miss their former neighborhoods. Disconnecting older people from their neighborhoods result in with a decline in their community engagement levels and resulted in with a form of social exclusion. In other words, relocation of the elderly in Kadıköy due to urban transformation deeply affected their social life and their mobility around the urban space. Involuntary relocation damaged older people’s social ties to their neighborhoods and caused a sense of insecurity due to the lack of familiarity and attachment. Similarly, the gentrification process affected older people’s social life. While it resulted in with involuntary relocation for some elderly, the outcomes of gentrification also affected older people who stayed at their neighborhoods. Because of gentrification’s impact on real estate economics, the prices of the local shops and meeting places such as cafes and restaurants also

increased up dramatically. Maintaining everyday life activities and socialization routines for elderly became difficult due to the limited options to socialize with other people outside the houses.

Socio-economic class of the participants plays a key role for their engagement levels. I argue that, some participants experienced the urban transformation more severely because of their socio-economic status. Participants from lower income households directly affected from the negative outcomes of urban transformation and gentrification. The lack of participation means to the decision making processes about their neighborhoods resulted in with ignoring the diversity in demands. Although the local municipality at Kadıköy offers some participation opportunities for elderly through its volunteer and community centers, access to these centers are closely related with socio-economic class. While the participants from higher income neighborhoods were engaged with the volunteer and community centers at their neighborhoods, the participants from lower income neighborhoods were not able to access these centers.

The volunteer and community centers of Kadıköy Municipality operates as both socialization places and means of participation. Put differently, these centers offer opportunities to participate to the decision makings about Kadıköy and functions as a meeting place for local seniors to perform certain activities and socialize. Because of this, I argue that these centers can be seen as civic engagement and social participation channels to both social and political life. At this point, it is important to note that civic engagement is closely related with class and gender. While older women from lower income neighborhoods in Kadıköy don't have access to these centers, most of the volunteers at the centers were from higher income neighborhoods. This gender and class dimension of participation shows us that older people from lower income households have no access to the means for voicing their own needs and demands. Thus, they are lacking the channels to use their right to the city.

From an urban citizenship point of view, all citizens have the right to a decent and dignified existence in an inclusive city, and a right to use and transform the city with democratic participatory means. It can be said that, certain participatory channels such as the volunteer and community houses and the Senior Citizen Assembly of the municipality provides a limited opportunity for its senior citizens to exercise their right to the city and appropriate their neighborhood. But in the case of urban transformation at Kadıköy, senior citizen's status and demands were not taken into consideration, and governmental institutions were not provide the participatory means for the use of right to the city which resulted in with neglected and ignored demands of the senior citizens. Although the municipality's motivation for these centers was to foster political and social participation among elderly, it seems that the political participation aspect failed to go beyond a discourse. This is in close relation with the current social policies for elderly in Turkey; the policies are still aiming to 'rule over' senior citizens rather than empower them as agents. The national action plans are still incorporating elderly as the beneficiaries of the society but not as contributors. The encouragement for active ageing and ageing in place are highlighting as prominent issues in the national action plans, but concrete implementations for these policies are still lacking.

Within the general framework, it can be argued that Kadıköy offers certain channels to its senior citizens to participate to their community and to urban life by exercising their right to the city. On a broader scale, it is clear that the issue of urban ageing needs more attention and afford in order to provide a truly age friendly and inclusive city. It is important to note that, the status of elderly at urban areas is in close relation with social policy. Thus, social support mechanisms should be developed to ensure accessibility and engagement at later life. To achieve such goal, first and foremost the negative perception on elderly must be changed. Developing policies and programs for elderly to age in a healthy and safe environment is the first step to make that change. I firmly believe that the encouragement and empowerment of elderly will lead to a more just, culturally

rich and colorful city where all the inhabitants are included and have equal opportunities.

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