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Neighborhood Senior Daytime Community Centers: Senior Socialization Centers

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Abstract

As Turkey undergoes a transformation from extended families to nuclear families, more and more elderly couples find themselves living in two person households that do not include their children. With the passing away or absence of a spouse, more elderly individuals find themselves living alone. This development may be accompanied by certain age-related physiological problems or psycho-social problems stemming from loneliness.

Loneliness is one of the social problems that decreases the quality of life for the elderly. For this reason, protection from loneliness is one of the primary measures to increase the quality of life among the elderly. This study determined that the life satisfaction levels of elderly individuals living in single person households are positively affected by regular participation in social and cultural activities, by taking a seaside holiday, by maintaining contact with youthful individuals, and by maintaining positive relationships with family members.

The study has also determined that Senior Daytime Community Centers play an important role in elder socialization and suggests that such centers be established in neighborhoods, so as to help especially the elderly living alone to increase their quality of life through giving them the opportunity to spend their free time with various activities, develop their social relationships, and support them to improve their daily activities. These centers are planned to enrich and make easier the daily lives of the elderly by means of facilities such as hobby rooms, libraries, seminar rooms, cinemas, cafes, restaurants, and infirmaries.

Keywords: elderly living alone, daytime community center, life quality, life satisfaction

Introduction

The growing ratio of elderly individuals within the total population is resulting in an increase in age-related problems. Known as the third age group, the seniors who make up this group face problems that can be classified as physiological, biological, psycho-social, and economic. Oftentimes, loneliness comes at the top of the list of the issues with which these seniors must deal.

Developed countries with quickly aging populations are creating programs aiming to ensure that their seniors continue to live healthy lives. These countries demonstrate their determination to bolster the quality of the lives of seniors, ensure that they are integrated with the larger society, and that they are content.

In developing countries, which are undergoing rapid transformations, we are witnessing a number of changes in the status quo: developments in preventive medicine are resulting in an increase in their aging populations, the extended family is disappearing in favor of the nuclear family, women have begun to leave the home as they become more active in the workplace, and traditional values and culture are changing rapidly. These changes all combine to present aging populations as a social problem.

The loss or lessening of mobility that comes with age also affects the individual's earlier interpersonal relationships and the senior experiences difficulty in finding friends or relatives with whom she/he can form social ties (Gülseren, 2000). The withdrawal of the individual from active work life occurs in parallel with a gradual dissipation from social life (Danış, 2006). In Turkey, transformation from the traditional extended family to the nuclear family means that more and more seniors have begun to live apart from their children and, with the loss of a spouse, more and more elderly are now living alone. It is imperative that these

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individuals, who often feel isolated, find ways to establish meaningful interpersonal relationships. Hobbies or meaningful pastimes can sometimes play as important a role in developing social relationships as those relationships with immediate family members, relatives, neighbors, and friends (Baran, 2008).

While developed countries are rapidly instituting new and contemporary measures to establish senior community centers, Turkey, whose average life expectancy has now reached the 70s, has instituted almost no innovations in this area.

Turkey does have a system of nursing homes. These are facilities where the elderly sometimes enter voluntarily, or are sometimes forced to enter due to their circumstances. It is a well-accepted fact that the residents of these facilities live the remainder of their lives isolated from the greater community.

It is thus that the wide experience and knowledge amassed by the elderly are tossed aside, constituting a significant loss for society. This kind of isolation at old age also means that these individuals both feel remote from society and suffer a loss in quality of life. Turkey's seniors need training and introductions that will help them bridge the gap of advanced technologies, while they also should be provided with opportunities to avail themselves of the social, educational, and cultural resources available in the wider society. This way the elderly would be able to develop their potentials.

Various means must be established so that Turkey's senior citizens can communicate more effectively with themselves, with those in their immediate surroundings, and with the greater society, so that they can make better use of their time and so they may feel that they are always needed by, and have a role to play in, society.

In this sense, if events in which seniors can participate in their spare time are provided, those participants will be able to further fulfill their social needs. Participation in social events will strengthen their ties with life and by attending courses that aim to advance their skills and hobbies they may also feel productive once again. This study suggests that these are the kinds of activities that senior centers need to develop. The results of this study will assist in augmenting the contentment and life quality of the elderly.

Life Satisfaction and Loneliness of Seniors Living in One Person Households

Loneliness is a socially prevalent phenomenon among elderly people, one that is seen mainly at advanced ages. Based on previous research studies, the oldest age group appears to be particularly vulnerable due to the negative effects of the aging process and the higher prevalence of loneliness (Dykstra, 2009; Dykstra et. al. 2005).

One research study has demonstrated that loneliness relates not only to age but to other social and demographic characteristics such as gender, socio-economic status, marital status, quality of social networks, and contact with friends (Pinquart and Sorensen, 2001; Pinquart, 2003). Another extensive study concluded that loneliness is related to age, sex, marital status, and number of social contacts, number of friends, health and cognitive function (Holmen et al. 1992; 2002).

Life satisfaction is an indicator of how well an elderly person is adjusted to his/her life circumstances. It has also been noted that past and current life satisfaction facilitates better adaptation to aging (Blace, 2012). Senior life

satisfaction/happiness is also positively affected by such variables as good health conditions, financial security, and social integration (Gaymu & Springer, 2010; Pinquart & Sørensen, 2000).

The levels of life satisfaction of older people can be explained by several factors or reasons. Functional ability, participation in physical activities and activities with social support are statistically significant predictors of life satisfaction among the elderly. One of these is their levels of participation in various activities (Blace & Avenue, 2012). Educational level, number of close friends, knowing community health staff, working status, club membership, and religious activities are statistically and significantly related to perceived social support among the elderly (Kuhirunyaratn, et al. 2007).

Researchers of another study identified several factors that have significant impact on senior life satisfaction: social contacts, health, activities, family, material circumstances and the negative impact of losing family members (Christel et al., 2006). Analyses of associations with life satisfaction in a study of elderly persons in Hong Kong showed significant relationships between life satisfaction and a number of variables including age, education, marital status, self-rated financial situation, religious belief, living arrangement, social support, social network, self-rated health status, functional capacity, number of chronic illnesses and activity level. Among these variables multivariate analysis confirmed that the strongest predictors of life satisfaction were self-rated financial situation, activity levels, and quality of social support (Chou & Chi, 1999).

Determinations of the significant needs of the elderly point to the importance of interpersonal relationships in life satisfaction (Kane, 2001). A recent study carried out by Zimmerman, Sloane, Eckert, Gruber-Baldini, Morgan, Hebel, and colleagues (2005) has shown that social isolation and social inactivity significantly influence life satisfaction and general health. The results of this study conclude that social and spare time activities positively affect life satisfaction, while mortality has a negative effect. Additionally, Ho et. al. (2003) maintain that relationships with friends play an even stronger role in elderly life satisfaction than do relationships with family. A study conducted by Oishi et. al. (2007) maintained that close relationships and volunteer work result in high life satisfaction levels and that those individuals who reported high life satisfaction also participated in social activities and had higher levels of income and education.

Shin and others (2012) concluded that seniors who live with family members reported more positive health, and had higher levels of self-confidence, less depression, and higher life satisfaction than those seniors who lived alone. The most significant factors of high life satisfaction among both seniors who lived with family members and those who lived alone were related to issues of health and depression (Shin & Sok (2012).

Research Area and Methodology

According to data released by the Address-Based Population Registration System (ADNKS), in 2007 there was a total of five million individuals in Turkey who had reached the age of 65 years or older, representing 7.1 percent of the total population, while there were seven million people over the age of 60 and ten million over the age of 55. According to

the National Action Plan for the Elderly report prepared by the State Planning Authority, by the year 2050 seniors aged 65 years and older will make up 17.6 percent of the total population. By 2007 ameliorations in health and living standards had raised average life expectations to 74.2 for females and 69.3 for males, constituting an average life expectancy of 71.7 (ADNKS, 2007).

According to a 2008 report published by the Turkish Statistical Institute (TÜİK) that was based on census data, the population aged 60 and older living in Istanbul constituted 7.92% of the total population, a ratio that is lower than the all-Turkey average for this same group of 9.90%. Despite this, some of Istanbul's oldest municipalities had populations of this group as follows: Kadikoy (19.95%), Besiktas (18.06%), and Bakirkoy (16.54%), ratios that are more than twice that of the Istanbul average. The Greater Istanbul municipalities of Kadikoy, Besiktas, and Bakirkoy are followed by Fatih (12.41%), Sisli (11.63%), and Uskudar (10.12%). Other municipalities with aging populations that surpass the Istanbul average are Maltepe (10.12%), Sariyer (9.27%), Beykoz (8.53%), Beyoglu (8.47%), and Kartal (8.3%). Those Istanbul municipalities with ratios lower than the Greater Municipality average are—generally speaking—those that have received the highest numbers of domestic immigration and thus have a younger working population: Eyup (7.48%), Zeytinburnu (6.73%), Gaziosmanpaşa (6.48%), and Tuzla (5.6%) (TÜİK, 2008).

Three of those municipalities with the highest ratios of senior residents were selected for the purpose of this study: Kadiköy (%19.95), Beşiktaş (%18.06), and Bakırköy (%16.54). These municipalities are both old settlements and are also located in three of the main and central coastal areas of the city and are thus representatives of the major city centers. Surveys of residents aged 65 and older were conducted in the summer of 2012 according to population numbers of these municipalities with 80 questionnaire surveys gathered in Bakırköy, 240 in Kadikoy, and 80 in Besiktas, for a total of 410 surveys. These districts were especially selected as their averages of aging populations were almost double the average for the city as a whole and the districts themselves represent the oldest settlements within the city. They are also perceived to be among the most prestigious residential addresses in the city (Ergun, Yirmibesoglu, 2005) (See Figure 1) the sample questionnaires of the aging population of these mature settlements were evaluated according to respondent profiles, living conditions, their wishes, needs, and expectations (Table 1).

Hypotheses

Hypothesis 1: The life satisfaction levels of seniors who are living alone are significantly affected by the out-of-home social activities engaged in by the respondents.

Hypothesis 2: Those elders who live alone and have interpersonal relationships with friends and neighbors express lower levels of loneliness.

Evaluation of the Questionnaire Findings

Identification of the Elderly in Istanbul

A total of 410 elders aged 65 and older were surveyed. Among this group, 92 individuals, or 22.4% of the total surveyed, were those who live in single person households. Of those living alone 65.2% are females and 34.8% are males. It thus became obvious that many more elderly women live alone, as do men. A greater number of those elders who live alone are clustered within the 75-84 age

groups (51.1%).

More than half of those living in single person households (55.4%) are of less-educated (middle school) and lower educational levels. The groups of elders who live alone are seen to be of lower education levels than those who do not. The majority of those who live alone (79.3%) are made up of housewives and those who worked in unqualified trades. Only three of the 92 seniors who live independently are currently working.

A total of 93.5% of single person households are part of the social security system. Despite the fact that this is a large percentage, it is still lower than those of the other groups.

Of those who live alone, 76.1% are home owners. This percentage is greater among those who do not live alone (88.1%).

57.6% of those who live alone suffer from a chronic illness. This percentage is higher than those who do not live alone (40.6%).

A total of 83.7% of those who live alone have children. This percentage is lower than the group of elders who do not live alone (96.5%) (See Table 1).

Physical Activities Levels among the aging

In evaluations of the levels of physical activities among the aged it was noted that those who lived alone reported that they engage in physical activities such as regular walking and regular exercises and do so to maintain a healthy condition. 37.4% of respondents said that they engage in regular physical activities every day of the week.

71.7% of those surveyed reported that they do their own housework. 40.6% percent reported shopping and banking activities as physical activities.

When asked how often they leave their homes, 38.8% reported that they do so every day. Among the reasons they reported for leaving their homes were: visiting family and friends, shopping, walking, and visiting the local health center. A very small percentage reported going to the cinema and/or theater.

Elderly Participation in Interpersonal Relationships and Social Activities

When asked if they visit with their friends, 85.9% of those who live alone reported that they do. This percentage is the same (85.8%) as those who do not live alone. When asked how often they visit with their friends, the highest percentage reported that they did so once or twice a week. Respondents in the field study area also reported that they received visits, so they were not alone, approximately two or three times a week.

The percentages of responses as to whether or not the respondent visited with neighbors were almost the same in both groups, with 73.9% among the group that lives alone indicating they visited with neighbors, and 76.7% among those who did not live alone. Both reported such visits as occurring once or twice a week. Despite this, 47.8% percent of those who live alone reported feelings of loneliness.

The percentages of those who regularly engage in social and cultural activities (cinema, theater, concerts, and volunteering in charitable organizations) were higher (25%) among those who do not live alone, than those who live alone (22.9%). When asked about how often they participated in such activities, the majority indicated that they engaged only 'rarely' in such activities. When asked why they rarely participated, the responses they gave can be

grouped under “unwillingness,” with such answers as “I don't feel like it,” “It's not for me,” etc.

When asked about the modes of transportation they use to go to their social activities, 34.8% responded that they walk, 55.1% use public transportation, 3.4% use their own vehicles, and 6.7% use taxis.

Among the health reasons they reported as factors for not going out, the respondents reported “feeling weak,” “difficulty walking,” “lack of balance,” and “being too heavy.”

A total of 26.1% of those who live alone reported going to the seashore for a holiday. This percentage is lower than those who do not live alone (36.6%).

A General Evaluation of the Life Satisfaction Levels of Elders Who Live Alone

Included in this work was an evaluation of general life satisfaction levels of the elderly by asking them to rate their overall happiness on a five point scale. A total of 19.6% reported being “very pleased” in general with their lives, 27.2% reported being “pleased,” 46.7% were “somewhat pleased,” while 6.5% reported being “not at all pleased.”

Again on a five-point scale, the elders responded to the statement of “I have achieved everything I have wanted thus far in my life” with: 19.6% responded “very true,” 25% reported “true,” and 43.5% reported “somewhat true.”

The percentages of those who reported being pleased with their living situations are as follows: 19.6% reported being “very pleased,” 21.7% reported being “pleased,” and 45.7% “somewhat pleased.”

Socialization Behaviors of Living Alone Elders Who Reported Feeling Lonely

Zaff and Devlin (1998) concluded that community connectivity ranks among those social factors that have a significant influence on the living situations of the elderly. The researchers define this connectivity with the community as a combination of factors including a complicated friendship network, the individual's perception of his/her immediate surroundings, the interpersonal relationships within this surrounding, and neighborhood events and activities.

The feeling of loneliness is the most significant of all those social problems that tend to negatively impact the quality of life of the aging. Loneliness is followed by the individual's withdrawing from a working environment, loss of interpersonal relationships, financial problems, nutritional levels, and problems related to residence/shelter.

85.7% of the elderly who live alone agreed with the statement that “*Life satisfaction is increased by living with the young.*” The percentage of those who do not live alone who agreed with this statement is somewhat larger (88.8%). The cross-tabulation of this statement showed that there was a cluster of positive responses by the 75 years- and-older group living alone (60.3%).

93.4% of elderly who live alone agreed with the statement, “*Relationships with my family members make me happy.*” while 99.4% of those who do not live alone agreed with this statement. Cross-tabulation analyses demonstrated that most of the positive responses again clustered among the 75 and older age group (64.7%).

75.3% of those elderly living alone reported that they regularly attended such social and cultural activities as attending cinema, theaters, and concerts and actively participating in club and charitable activities. Those who do

not live alone had higher percentages (78.8%). The highest number of positive respondents to this question again clustered among the 75 and older age group (52.2%).

Singh and Misra (2009) concluded that elderly men were generally more sociable when compared to elderly women. In this study independent samples t-test analyses did not show a gender difference among the group living in single person households when asked whether they regularly attended cinema, theaters, and concerts and/or actively participated in club and charitable activities. The results of this study, thus, did not back up those given by Singh and Misra.

The percentage of respondents who reported that they maintained social relationships with neighbors was similar for both groups, with 73.9% for those living in one person households and 76.7% for those who live in multi-person households. The positive responses to this question again clustered among the 75 years and older living alone group with 58.8%.

Because the elderly who live alone have both limited family roles and role identities, they need to have some interactions with their family members. Such relationships will help them maintain subjective levels of well-being that match the levels of those seniors who live with their families. As previous studies have demonstrated (Michael et al, 2001; Nakaraha, 2013), such seniors may have to acquire social roles and positive role identities through contact with non-family members outside of their homes. Non-family roles are more important for elderly people living alone than for their peers who live with their family members.

Hypothesis 1 was verified by using the Bivariate Pearson Correlation Analysis. This method was used to determine the relationships between participation in social activities and the life satisfaction of the elderly living in single person households. Statistical significance was set at $p < 0.05$ for the bivariate statistical analysis.

The results of this study show a strong negative relationship of 29.9% between relationships with friends and feelings of loneliness. Feelings of loneliness directly decrease in parallel with numbers of visits with friends. There is also a negative relationship of 22.4% between relationships with neighbors and feelings of loneliness. Feelings of loneliness also directly decrease in parallel with numbers of visits with neighbors (Table 2). The data from this study verify Hypothesis 2.

47.8% of the group of elderly who live in single person households gave a positive response to the question: “Do you feel lonely in your life?” This response is significantly larger than the responses given by the group who live in multi-person households (15.1%) (See Table 1). In short, elders who live alone are three times more likely to experience feelings of loneliness than those seniors who live with others. A number of studies have determined that feelings of loneliness are gender-related (Green et al, 2001; Savikko et al. 2005; Gierveld & Dykstra, 2008). However, t-test analyses performed in this study did not find a gender-based distinction in feelings of loneliness. Other research studies have also found a relationship between feelings of loneliness and levels of education, with the result that those of lower education have stronger feelings of loneliness (Savikko et al, Hacıhasanoğlu, 2012, Koc, 2012). Unlike those studies, this study did not obtain data that point to a significant relationship between levels of education and feelings of loneliness among those who live in single person

households. Koc (2012) found that people who have a chronic disease experience stronger feelings of loneliness. This study did not find a significant difference in loneliness levels between those living alone who do, and do not, suffer from a chronic illness.

This study did find a strong relationship of 24.3% between living with younger generations and feelings of loneliness. Feelings of loneliness decreased parallel to percentages of living with younger generations.

Relationships between feelings of loneliness as reported by seniors living in single person households and positive family relationships, participation in social activities, participation in physical activities, and having seaside holidays were not found to be significant in this study.

This study did find a negative relationship of 31.4% between life satisfaction levels and feelings of loneliness. As feelings of loneliness increased, there was a corresponding decrease in life satisfaction levels. This study determined that there was a 25.9% negative relationship between satisfaction with life conditions and feelings of loneliness. As feelings of loneliness increase, there was a corresponding decrease in satisfaction with living conditions. There was also a negative relationship of 24.9% between those who believed they had achieved most of what they had desired and feelings of loneliness. As feelings of loneliness increased there was a corresponding decrease in positive reactions to the statement, *I have achieved in my life most of what I desired* (Table 2).

Feelings of loneliness among those who live alone decreased parallel to their stated life satisfaction levels.

Relationships between life satisfaction levels and socio-demographic and socio-economic variables of seniors living in one person households.

This study did not determine a significant relationship between feelings of loneliness and variables of gender, profession, chronic illness, having or not having children, educational levels, social security coverage, and/or home ownership.

There was a negative 10.4% relationship between life satisfactions of seniors living in one person households according to age groups. The older the individual became, the more that life satisfaction levels decreased.

Thomopoulos et al. (2010) concluded that males enjoyed a better quality of life and less feelings of loneliness than did females. They also state that elderly women seem to suffer from loneliness more when compared to that seen in elderly males. These researchers also found that seniors aged 60 - 74 years old had better quality of life and lower loneliness than those aged 75 and above.

In this study independent samples that were subjected to t-test analyses did not result in significant and different gender-based feelings of loneliness among those who live alone.

The study did determine a 61.4% of feelings of loneliness among those who live alone who are in the 75 and above age group. The rate of those feeling lonely in the 64-75 age group was lower, with 38.6%.

The study also determined a positive relationship of 20.5% between life satisfaction of seniors living alone and their professions. This relationship between life satisfaction levels and profession was determined by the One-Way Anova analysis ($F=3,952$, $Sign=0,050$).

Bivariate analysis through Pearson correlation determined strong relationships between life satisfaction levels of

seniors living in one person households and relationships with younger generations of 39.2%, and 35.8% with positive family relationships. Correlation of life satisfaction with social relationships with friends was 29.1%, while regular participation in such social and cultural activities as cinemas, theaters, concerts, and clubs and charities had a correlation of 21.9%. The study did not find a positive relationship between life satisfaction levels and interactions with neighbors. There was a very positive relationship of 54.1% between life satisfaction levels and taking an annual holiday to a coastal area. Life satisfaction had a positive correlation of 65.6% with respondent statements that they had achieved most of what they had wanted in their lives. Satisfaction with current living conditions had an even higher positive correlation of 77.8%.

Determination of Variables that Affect Life Satisfaction Levels of Seniors Living in One Person Households by Multiple Linear Regressions

Multiple Linear Regression analysis is an analytical statistical technique that uses the relationships between dependent variables and one or more independent variables to determine the dependent variables. Multiple Linear Regression analysis is a tool that allows the researcher to evaluate the statistical meanings of the independent variables and the relationships between independent and dependent variables.

Table 4 displays the conclusions of a regression analysis of the life satisfaction levels of seniors living in one person households with that of having relationships with younger generations, being with immediate family members, participating in social activities, visiting with friends, and having a seaside holiday.

$$Y=a+b_1X_1+b_2X_2+b_3X_3+\dots+\dots+\dots+b_nX_n$$

Life Satisfaction = 1.779+0,578* Contact with members of the younger generation + 0,581* Being with members of the family +0,205* Participating in social activities +0,427* Visiting with friends +0,893* Seaside holidays

There is a significant relationship between life satisfaction levels and the variables of having relationships with younger generations, being with family members, participating in social activities, visiting with friends, and having a seaside holiday ($R=0,650$, $R^2=0,422$, $p=0,000$). The total variance of having relationships with younger generations, being with family members, participating in social activities, visiting with friends, and having a seaside holiday with the life satisfaction levels of seniors is 42%.

According to standardized coefficients the significance of dependent variables on life satisfaction levels are, in order: having a seaside holiday, being with family members, visiting with friends, and participating in social activities. When the t-test results are evaluated with the results of the regression coefficient, it is seen that having a seaside holiday and maintaining contact with those of the younger generation both have significant effects on reported levels of life satisfaction.

The mathematical model for the results of the regression analysis on levels of life satisfaction is as follows:

Life Satisfaction = 1.779+0,578* Contact with members of the younger generation + 0,581* Being with members of the family +0,205* Participating in social activities +0,427* Visiting with friends +0,893* Seaside holidays

White Test was done in order to see whether or not there was heteroscedasticity in the error terms of the equation.

No heteroscedasticity problem was detected since the test statistics were found to be 3.103 and the related probability 0.6841.

It can be concluded that the error terms were normally distributed taking the following data into consideration: Skewness coefficient of the error terms for normality is 0.265, and Kurtosis is 2.953.

We can say that the error terms were normally distributed because the Jarque-Bera test statistics were found to be 1.077 and the related probability 0.583.

Senior Socialization Centers: Neighborhood Senior Day Time Community Centers

Because of demographic, economic, and socio-cultural reasons, the problem of old age in Turkey falls behind the industrialized Western societies. Considering the still strong family bonds in Turkish society, the preferences of the elderly in determining their living space is radically different compared to developed countries.

In general, the elderly in Turkey prefer to live together with or close to their children. This preference is a significant factor in helping the elderly cope with loneliness, economic and physical problems.

There are various factors that affect life satisfaction of the elderly. Participation in physical and social activities and the continuity of this participation are the most important ones among these factors (Matsuo et.al, 2003; Glass, 1999; Agahi et.al, 2008, Klumb et.al, 2007).

This study aims to create a space that can integrate the elderly into society, so that the elderly population, which is growing rapidly, can become happier, physically more active and more productive. On neighborhood scale, social service centers proposed by this study will be planned as places for the elderly to integrate into society and take part in physical and social activities. In this way, it is expected that feelings of loneliness will be prevented among the elderly population, and they will unite with the young population by means of these activities. To achieve this purpose, a survey study will be conducted, which will investigate the degrees of physical and social activity among the elderly and what kinds of activities they wish to see in these social service centers.

This study proposes that local authorities establish neighborhood senior daytime community/social centers as these kinds of centers play very important roles in the socialization of the elderly, especially for those seniors who are living alone. To this end and to assist in the development of such centers, the survey conducted in this study also gathered respondent ideas about these kinds of centers.

The importance of a healthy process of getting old on individual and social levels should be acknowledged. Within the scope of one study conducted in England, Allen et. al. (1992) have proposed a care and service center for the elderly. Such a system should be put into practice both on social and institutional levels. All kinds of initiatives should be taken socially to achieve this purpose.

A total of 60.9% of respondents gave a positive response to the question of *would you attend a neighborhood Senior Daytime Community Center established to provide you with opportunities to meet with other people and that would include various spare time activities?* The responses of those who said they would attend such a center were almost identical in terms of gender, with 63.6% of female respondents and 64.5% of male respondents saying that they would attend such a center. The fact that there was no gender

based difference in responses to this question was determined by independent samples t-test analysis (Table 5). The age-based distribution of positive responses to the question of attending a center is as follows: Ages 65-74, 54.4%; Ages 75-84, 41.4%; and Ages 85 and above, 4.2%. The results of independent samples t-test analysis show that there is a significant age-related bias in willingness to attend such a community center ($t(408) = 5.33$ $p=,000$). The positive responses to this question cluster around the 65-74 age group (Table 5).

The independent samples t-test analysis does not show a significant difference in willingness to attend a community center between seniors who live in one person households and those who live in multi-person households (Table 5).

A total of 18.5% of respondents said that they would attend such a center one or two times per week, while 39.1% said that they would not be willing to attend such a center. The percentages of the modes of transportation preferred for attending these centers were quite close, with 44.6% responding that they would prefer to walk to such a center and 40.2% responding that they would prefer to be driven to the center in a for-purpose van.

The kinds of facilities that the respondents said that they would like to see in the center are, in order of preference: availability of books, physical treatment and rehabilitation room, a newspaper reading room, cafe, TV room, health services room, and a room for playing cards. In addition to these, many of the elderly said they would also like to have a garden, theater, cinema, a prayer room, conversation room, and space for solving puzzles.

Among the activities that the seniors said they would like to be offered at such a community center were, in order: music and handicrafts, art courses, and sports and exercises. Other requests included drama, poetry writing, humanity courses, health education courses, rug weaving, literacy, knitting, foreign languages, etc.

56.5% of respondents said that they would like to participate in trips if such reasonable trips were organized. Most respondents said they would like to attend day-long picnics. 65.2% said that they would prefer to have people of the younger generations also in attendance at such a center. The kinds of activities they would like to carry out with younger people included reading books, listening to music, singing, and engaging in sports. Other requests included a large number of respondents who said they would simply like to chat with younger people. They also said they would like to watch TV, attend theaters or cinemas, play cards, hang out with, tour, advice, and help younger people. Almost all respondents said they would be willing to pay a symbolic fee of one lira to attend such a center.

An age-based distribution of seniors who expressed a positive interest in attending such a center became evident. It is interesting that the age groups that reacted most positively to both paying one lira and desiring to spend time with younger generations consist of those 75-84 years of age and 85 years and older. The desire to spend more time with the younger generation evidenced by advanced aged seniors is concrete demonstration of the importance of establishing such centers that provide opportunities to improving social relationships. The age-based figure provided below of center activity preferences of participating in courses and going on trips shows that elders most prefer to go on organized trips. The age-based figure provided below shows the distribution of real participation in social activities in their own lives (last

year, last two years, last five years). It is notable that taking a seaside holiday ranks relatively low among other senior participation in social activities.

The evaluation of participation of elders in social activities in their real lives, as related on the age-based questionnaires, with participation in the social and physical activities provided in daytime senior community centers demonstrates:

- A strong and negative relationship between age and willingness to engage in physical activities.
- A strong and negative relationship between age and taking a seaside holiday and participation in social activities (last year, last two years, last five years).
- A strong and negative relationship between age and willingness to attend a senior community center.
- A strong and negative relationship between age and desire to attend courses, participate in organized trips, and willingness to pay one lira.

In short, willingness to participate in social and physical activities decreases parallel to age (Table 6).

Conclusion

Up until the end of the 20th century Turkey's elderly population made up less than 5% of the total population. According to the 2000 general census Turkey had 3,858,949 residents of age 65 and older, constituting 5.7% of the total population. By 2050 it is predicted that Turkey's total population will include approximately 16 million people in this elderly age group.

Physical and mental health ranks among the main determinants of quality of life. Individuals who engage in a variety of spare time activities are known to feel better, both in physical and mental terms. Studies carried out on aging have demonstrated that regular physical activities delay or partially mitigate the physiological changes that are part of the aging process (Inal 2003).

The results of this study have demonstrated that variables that affect socialization (such social and cultural activities as regular attendance at cinemas, theaters, concerts and active participation in club and charities, along with seaside holidays and having positive relationships with younger generations and family members) all have a positive effect on the life satisfaction levels of seniors who live in one person households. Independent t-test analysis did not demonstrate a relationship between life satisfaction levels and neighborly relationships and seeing friends. The study also showed an aged-based decline in willingness to engage in physical and social activities.

Today new interest is focusing on developing policies related to aging and establishing programs which will improve quality of life and general health of Turkey's aging population. The aims of such projects are to support seniors in being productive, successful, and independent. A successful aging period is not only based on factors of health, but also on a total feeling of well-being that includes psychological and social components. Successful aging cannot be achieved, however, only through individual efforts, for the process is also closely related to the kinds of psycho-social, economic, and physiological support the individual receives from the greater community. According to the World Health Organization, a state of well-being requires good health as well as good physical, social, and economic conditions. To achieve societal well-being policies that include all of these factors are needed. A

healthy society includes healthy seniors, just as it includes healthy children and adults. To this end, Turkey must not only establish general health policies, but must also promptly establish and implement health policies that are specifically directed towards the elderly (SPO, 2007).

Knowing which factors have a positive effect on increasing life satisfaction levels among the aging population is very important for those institutions that serve the elderly. In order to help elders achieve a better quality of life, endeavors and implementations carried out in this area should be based on multi-disciplinary and inter-disciplinary research studies. It is believed that senior community centers, proposed within the conclusions of this study, will assist in mitigating the desolation experienced by many elderly, especially by those who live alone and that the results of this study can be used to bolster the quality of life of Turkey's senior citizens. In the evaluation of the kind of spare-time activities that could be made available at these senior community centers, it has become evident that these activities should aim to increase interpersonal relationships and thus increase the life satisfaction levels of attendees. These centers could be enriched by providing them with facilities for engaging in hobbies and book lending, containing meeting/classrooms, space for watching movies, cafeterias/restaurants, and infirmaries. These community centers should also provide activities that will allow the elders to socialize and interact with people of younger generations. In this way, such centers would play significant roles in reversing the isolation of the elderly that has been a by-product of the dissolution of the extended family in favor of a nuclear family. Surveys conducted as part of this study have shown that a wide participation at such centers by the elderly can be anticipated.

Dissemination of such centers is seen as a way to increase the life satisfaction levels of Turkey's elderly population and an important urban planning implementation.

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