Kepez Aging Report
Analyses on Life Satisfaction

A Small Section of the Research

June 2025

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Foreword

Old age is rife with clichés. Focusing on perceived shortcomings, losses and frailties still seems to cloud our understanding of old age as a fully-fledged, meaningful life stage, filled with creative possibilities and potential. The best way to combat clichés and stereotypes is with facts. Only facts allow for a nuanced definition of old age and open up opportunities for objective discussion.

The purpose of the Kepez Aging Research (KEPYAR) is to provide a comprehensive and in-depth look at the lives of older generations in Kepez. The findings are based on a survey conducted on 1,122 people aged 65-85. A representative cross-section of the population within the specified age range was surveyed. The KEPYAR project, launched by the Kepez Municipality under the slogan "Happy Elderly; Happy Kepez" aimed to raise public awareness of the realities, attitudes, and needs of the elderly population, and it is the starting point of the Age Friendly Kepez (YDK). This project marks the first time a local government has conducted a gerontological study and prepared an *aging report*. This can be considered a historical milestone against the backdrop of demographic change.

Kepez Municipality has adopted the view that a narrow, age-limited understanding of aging is insufficient to meet the needs of older adults. This understanding is supported by findings proven by gerontological research. No one is "old" in just one way; when we talk about older people, we often think of different "old ages" for the same person. In other words, we consider and define aging as a multidimensional phenomenon.

Human biological aging begins in the womb. However, the effects of this slow process become palpable and visible in middle age. The decline in organ and nerve cell performance begins relatively early in life, in the mid-40s, and even in the late 30s for nerve cells. However, if an individual is open to new experiences and knowledge throughout their lives and has opportunities to acquire new knowledge and experience, aging signifies a growing accumulation of experience and knowledge. Furthermore, if they have sufficient financial resources, aging can also mean the opportunity to support their children and grandchildren (Kruse & Wahl, 2010, pp. 3-6).

The aging process and its consequences, which vary from person to person, are one of the fundamental sources of how society and the social environment treat the elderly. In the late 1970s, some psychologists accepted that aging was merely "the psychological consequence of a biological phenomenon" (Rosenmayr and Rosenmayr, 1978). The Kepez Municipality

challenges this view, which is still widespread in our country. From our perspective, aging is neither solely a physiological and anatomical phenomenon, nor solely a psychological one; in our view, it is also a sociocultural and socioeconomic phenomenon.

On the other hand, it should be noted that the aging of individuals and the aging of society are different. In an aging society or population, the number of children and young people decreases, while the middle-aged and elderly population increases. The old society, which is historically relatively new but increasingly powerful, (Tufan, 2007) has become a fundamental problem not only in Kepez but throughout our country. However, local governments must first address this problem and find solutions.

The Kepez Aging Research (KEPYAR) examines an individual's "life situation." Life situation is a theoretical sociopolitical approach; in short, the life situation concept examines the objective living conditions and subjective experiences of older people. Based on information derived from systematic data analysis within the framework of *Life Situation Theory* (Naegele, 1998, Schulz-Nieswandt, 2006), which helps us understand the complex relationships between objective and subjective factors, services will be implemented to improve the quality of life of older people in Kepez.

The significance and rationale for the research stem from demographic changes, which have recently been frequently on the agenda of politics, the press, and the public; our population is rapidly aging! The Kepez Municipality, not content with simply monitoring this process from afar, emphasizes interventions to address its consequences for the elderly. The term "intervention" refers to "gerontological interventions" (Lehr, 1979, Marwedel, 2005). These interventions will be evaluated within a theoretical framework, drawing on empirical data, and practical elderly services will be implemented within the scope of the "Age Friendly Kepez" (YDK) project.

Those familiar with gerontological literature know that at least twelve different types of aging are discussed. For example, different aging processes and stages of aging are highlighted depending on gender, biography, individual economic circumstances, social conditions, etc. (Wahl and Heyl, 2015). In Kepez, we are committed to exploring all these "different agings" and adapting our elderly services accordingly. If the elderly are happy, the people of Kepez will be happy. Because everyone will eventually face old age, and the better we prepare for it, the better we will experience old age.

Mesut KOCAGÖZ
Kepez Belediye Başkanı

1 Introduction

1.1 Life Situation Concept

Quality of life, also frequently used in our country, is a term borrowed from social policy to assess the quality of living conditions from various perspectives. The concept of quality of life has gained importance in medicine, particularly in determining therapeutic target criteria. A distinction is made primarily between the quality of physical and mental well-being, social relationships, and daily functioning (Tewes & Wildgrube, 1999, p. 231). Originating in the United States (US), the development of the concept of quality of life is based on criteria related to the limited and somewhat questionable possibilities of older, one-sided, economic, and materially focused standards, such as gross national product and standard of living (Hillmann, 2007, p. 488). Therefore, the concept of quality of life does not play a role in this study. Instead, the focus is on the concept of "living situation", a term used in gerontology and social policy analysis.

According to one current definition, "*Gerontology is concerned with the description, explanation and modification of the physical, psychological, social, historical and cultural aspects of aging and old age. This also includes the environments and social institutions that are significant for aging and structure old age*" (Baltes & Baltes, 1992, p. 8). This definition is a suitable starting point for identifying the needs of the elderly in Kepez. Based on this, the "life situation," defined as a seven-dimensional concept in gerontology, provides both a theoretical and practical framework for determining the needs of older adults (Backes & Clemens, 2013).

"The living situation is understood as the area where an individual can sustainably satisfy all his material and non-material interests" (Dieck, 1991, p. 24). "Living situations are the action areas available to individuals for realizing their personal life designs. The action area is defined as the interaction of personal action capabilities and external action resources" (Schulz-Nieswandt, 1999, p. 173). The living situation is the action area that central social conditions offer the individual to develop and satisfy his most important interests (Naegele, 1998, p. 107), and it distinguishes seven levels in the living situation of older people. However, it should be noted that this distinction is made analytically. In reality, there are intersections and overlaps between these dimensions (Naegele, 1998, p. 110):

1. **Financial Means**: It refers to the financial resources that the individual has.
2. **Financial Supply Resources**: These are the financial resources provided by other services, such as social services.

3. **Communication, Collaboration and Activity Opportunities**: Opportunities to communicate, interact, collaborate with others and participate in non-professional activities.

4. **Learning and Experiencing Opportunities**: It refers to the development and interests determined by socialization, school and vocational training, experiences in the business world, social and spatial mobility, as well as the conditions of the residential environment.

5. **Decision and Participation Opportunities**: Participation in different areas of life defines equal say and level of interaction.

6. **Rest and Recovery Opportunities**: These opportunities are defined as those affected by the psychological and physical changes associated with aging, especially the changes in health status and physical structure.

7. **Opportunities Determined by the Availability of Support Resources:** These are the opportunities determined by the presence of available support resources to meet the care and support needs related to old age from family and/or neighborhood.

These seven dimensions of the life situation concept were examined in the study, yielding new findings. These dimensions are also the pillars of the "Age Friendly Kepez" project.

Since the 1980s, the concept of life situation has been associated with questions about whether changing patterns of *social inequality* emerge beyond the boundaries of class and status, and is inadequately defined by models of stratification ("social stratum"). Contrary to the view that life situation is tied to class affiliation, it is not fixed but rather comprises a combination of material, structural, and social factors within a limited range of variation that can be structured and shaped by the individual (Prahl & Schroeter, 1996, p. 30). "Throughout the lifespan, people aim to optimize the fit between themselves and their environment, thereby maximizing the autonomy of the individual social reference system under selected conditions" (Martin & Kliegel, 2014, p. 36).

The life situation is defined by the material and non-material conditions of groups of people. It is based on the dialectical relationship between conditions and behavior. Initiation and development opportunities are determined not only by social origin but also by the period in which an individual is born (the "birth cohort") (Clemens and Naegele, 2004). Therefore, when we speak of "elderly people", we do not imply a homogeneous mass, but rather a highly heterogeneous social structure with diverse needs. From this perspective, the life situation, defined as different "fields of action", means that the conditions that determine the course of

individual aging and the period of old age can be modified through general and local sociopolitical interventions (Schulz-Nieswandt, 2006).

1.2 Demographic Structure of Turkey and Kepez

Demography is the science that examines population size, distribution, and changes over time. These processes are shaped by births, deaths, migration, and other demographic factors (Feichtinger, 1979). Gerontologists, on the other hand, study aging individuals and society, as well as the effects of aging on individuals and society. While historically, scientists accepted the maximum human lifespan as 115 years, it has recently become clear that this limit should be extended to 125 years. With this development, demographers have stopped defining old age as "age 65 and over" and have begun to focus on the demographics of older and very old ages (Rott, 2004).

It's expected that the fastest-growing population group in Turkey will be those aged 80 and over. Tufan's (2007) analysis between 1960 and 2000 revealed that the population aged 60 and over increased by only 57%, while the population aged 80 and over increased by 266%. It is clear that this rate has increased even further in the intervening years.

While gerontologists generally accept that old age begins at age 60, demographers have set this threshold at age 65. While in 2000, there were approximately 10 million people aged 60 and over in Turkey, today this number has nearly doubled (TÜİK, 2025).

Many demographers and population scientists argue that economic and social development in developing countries is threatened by population growth. The significant decline in mortality rates and consistently high fertility rates, particularly after World War II, led to rapid population growth in Turkey. However, population reduction policies have now been replaced by new concerns. Not only has life expectancy increased, but fertility rates have also declined rapidly (Tufan, 2016).

As of 2024, Turkey's population reached 85.664 million. Of this population, 93.4% live in provincial and district centers, while 6.6% live in towns and villages. Looking at this data, it might seem as if towns and villages have completely disappeared. However, these statistics are based on the definitions of province, district, town, and village, and the determining factor here is population density. Nevertheless, we still have districts that rival cities and cities that resemble villages. For example, Antalya's Kepez district falls into the first category in this definition (TÜİK, 2025).

The changes in Turkey's demographic, social, economic, and political conditions are being shaped by a transformation process that is difficult to reverse in the long term. It is anticipated that this transformation will lead to an increase in the average age of both the total population and the working population, and an increase in the number and proportion of the population aged 65 and over (Tufan, 2007).

Looking back, those who once viewed a young population as an advantage now see it as a disadvantage. As in all developing countries, the population in Turkey first grew younger, then began to age rapidly. The accuracy of the warnings of scientists who predicted this situation has become increasingly clear over time (Tufan, 2007; Ritter and Hohmeier, 1999).
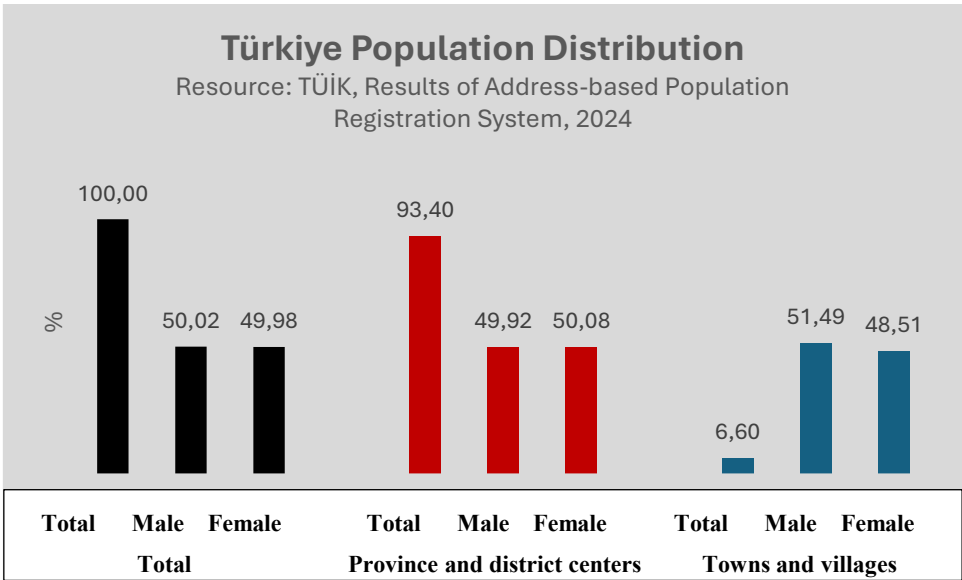

Figure 1: Türkiye population, 2024 (TÜİK, 2025).

Turkey's "tree of life is withering," or, as demographers put it, "its population pyramid has overturned." The graph below, which covers the period 1935-2023, demonstrates a complete transformation of Turkey's population structure. In the early years of the Republic, Turkey, with a population of just 16 million, was busy recovering from the post-war period. Back then, life expectancy was short, and premature deaths were common. Over time, both life expectancy in Turkey increased and fertility rates increased. By the mid-1960s, the number of children per woman aged 15-45 was 6.1, but by the beginning of 2025, fertility had fallen to 1.5 (Timur 1968, TÜİK, 2025).
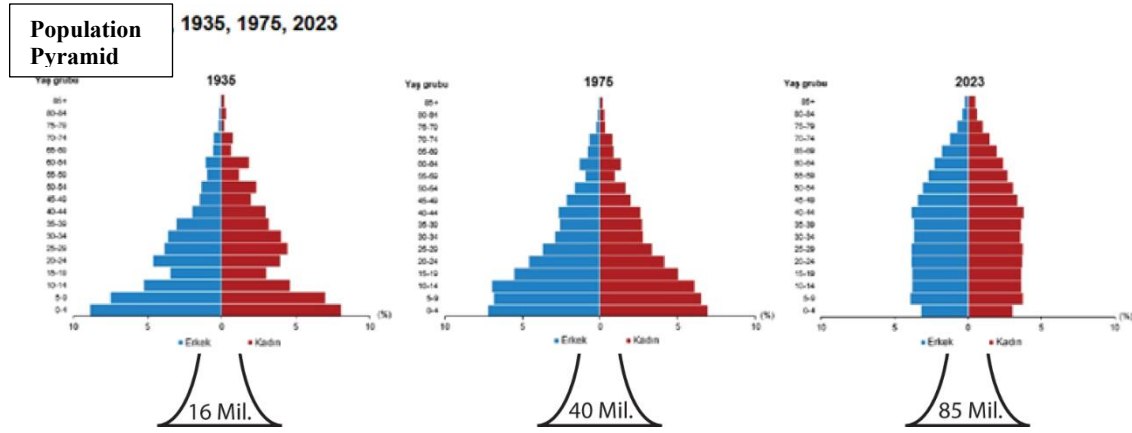
Figure 2: The Transformation of Türkiye's "population pyramid" (Resource: TÜİK, 2024).

Kepez, Antalya's largest district, had a population of 629,479 (male: 319,478; female: 309,901) at the end of 2024, representing a 2.5% year-over-year population growth rate. To be more precise, one in four people living in Antalya lives in Kepez.

As of December 24, 2024, Antalya had a population of 274,650 people aged 65 and over. Of these, 127,156 (46.30%) were male and 147,494 (53.70%) were female. Thus, 10.09% of Antalya's population consists of people aged 65 and over. We will refer to this as the "elderly population" here. A careful look at the elderly population reveals that the proportion of women exceeds the proportion of men in every age group, starting at age 75. The "demography of advanced old age" in Kepez should not be overlooked, and the "feminine face" of old age, which has been overlooked until now (Niederfranke, 1999), should be considered a focal point of local aging policies in the Kepez district.

Table 1: Distribution of population aged 65 and above per gender and age group by the end of 2024 in Antalya (TÜİK, 2025).

Age Group	Male Number	Female Number	Male Percentage	Female Percentage
65-69	51 058	54 044	40,15	36,72
70-74	35 035	38 990	27,55	26,49
75-79	21 575	26 842	16,97	18,24
80-84	11 951	15 658	9,40	10,64
85-89	5 244	7 855	4,12	5,34
90+	2 293	4 105	1,80	2,79
Total	127 156	147 494	100,00	100,20

In Western industrialized countries, where the demographic aging process began before ours, the perceived demographic transformation, linked to numerous problems and concerns, is often referred to with headlines like "excessive aging of society," "gray revolution," "youth's rebellion

against the elderly," and "intergenerational war." These views, which have found some support in Turkey, have been attempted to be defined under the term "ageism," but when this failed, they embraced the slogan "intergenerational solidarity." These labels are neither defensible nor useful from scientific and political perspectives (Ritter and Hohmeier, 1999).

1.3 Sample

The Kepez Aging Research (KEPYAR) examines the needs of people aged 65-85 living in Kepez during the research period, within the framework of Life Situation Theory. Based on empirical findings, it proposes recommendations for addressing the identified needs of older adults. The study sample consists of 1,500 randomly selected individuals from the elderly population of Kepez and is based on statistical analysis of data collected using a standard questionnaire (Bortz, 2005, Bortz and Döring, 2006).

The research was conducted between February 3, 2025, and April 3, 2025. Participants in the sample participated voluntarily. However, in empirical research of this type, the possibility of attrition due to various reasons (e.g., refusal to participate, illness, relocation, etc.) must always be considered. Therefore, a sufficiently large theoretical sample is necessary as a precaution. Indeed, our study also yielded the expected attrition, with 1,122 of the 1,500 participants agreeing to participate.

Table 2: Kepez Aging Research Sampling

Kepez Aging Research Sampling		
Gender	**Percentage**	**Frequency**
Male	46,5	522
Female	53,5	600
Age Group		
65-69	30,7	344
70-74	25,3	284
75-79	24,7	277
80-85	19,3	217
Household Size		
One person	10,1	113
Two people	66,8	749
Three or more people	23,2	260
Education Level		
Low	70,2	788
Medium	22,6	254
High	7,1	80
Income Group		
Under 14.000 TL	22,7	255

14.000– under 26.000 TL	61,6	691
26.000 TL and above	15,7	176
Employment		
Does not work	96,9	1087
Works	3,1	35

2 General Life Satisfaction of Kepez Elderly People

Particularly when profound changes occur due to disruptions in "external life conditions" and "internal states" (emotions, motivation, cognitions), the individual's ability and willingness to take responsibility for their own lives and daily life are required (Kruse, 2017, p. 4). If the author's quotation marks are taken seriously, they can be considered a direct reference to Life Situation Theory.

The following question immediately arises: Should the individual's "external" living conditions be improved first and then their internal state examined, or should the "internal" state be determined first and then their external living conditions improved? This study acknowledges the necessity of determining both simultaneously. A wide variety of methods have been developed in social scientific research that allow for the external expression of "internal states." These will not be discussed in detail (those interested may benefit, for example, from the following sources: Witzel, 2002, Flick, von Kardorff, & Steinke, 2007, von Kardorff, 1995, Helle, 2001, Denzen, 2007).

In the study, questions about "satisfaction" were considered a variable that allows individuals to externalize their inner world. Different dimensions of the concept of satisfaction were examined: "general life satisfaction," "financial satisfaction," and "health satisfaction." Based on the hypothesis that there were significant connections between these dimensions of satisfaction, we first analyzed them.

General life satisfaction was determined by the following question::

All things considered, how satisfied are you with your life right now?   Not satisfied at all 0-1-2-3-4-5-6-7-8-9-10   Completely satisfied

Participants responded using *an 11-point rating scale*. The distribution is shown in the graph below. The responses appear to be skewed to the right, meaning they were predominantly positive. The mean value for this distribution was calculated as 6.81.
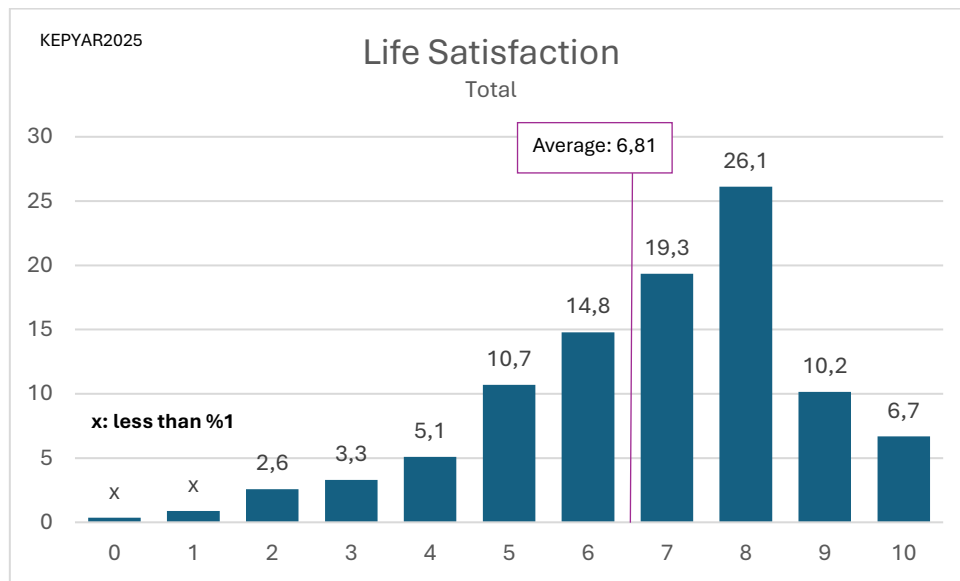
Figure 3: General Life Satisfaction

2.1 General Life Satisfaction by Age Group

The graph below provides the answer to the question of how general life satisfaction is distributed by the "age group" variable. The important information we learned from the distribution of life satisfaction calculated across four age groups is that, according to the findings of this study, there is no systematic relationship between an individual's age and life satisfaction. *Life satisfaction doesn't decrease simply because people get older*! As one gerontologist put it, "how many times you orbit the sun" means nothing. Contrasting some claims, age is not a significant indicator in explaining the aging process and aging process. On the contrary, the highest average life satisfaction was found in the 75-79 age group. However, the lowest average life satisfaction was found in the 80-85 age group.
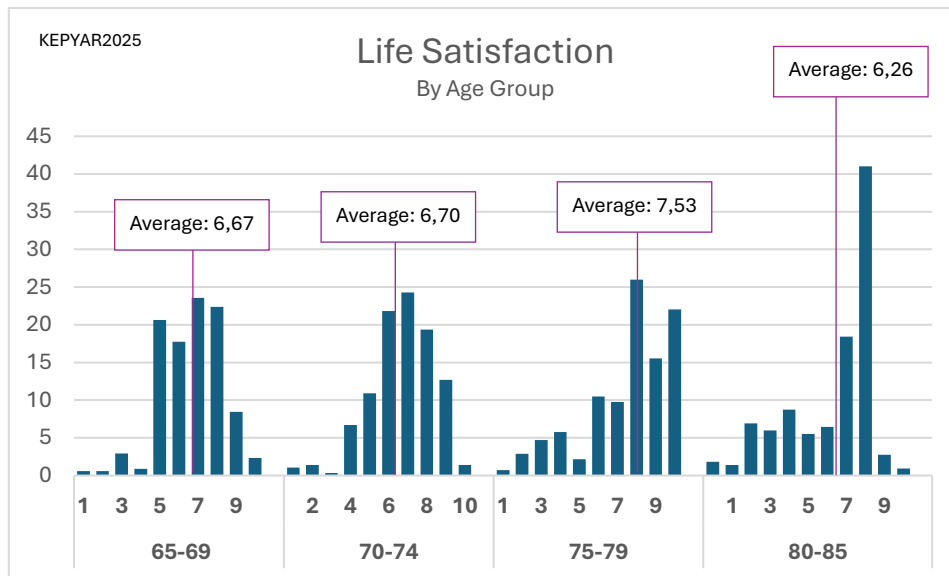
Figure 4:Life Satisfaction By Age Group.

2.2 Life Satisfaction By Gender

Is overall life satisfaction related to "gender"? No such relationship was found in this study. No statistically significant difference was found between elderly men and elderly women in terms of average life satisfaction.
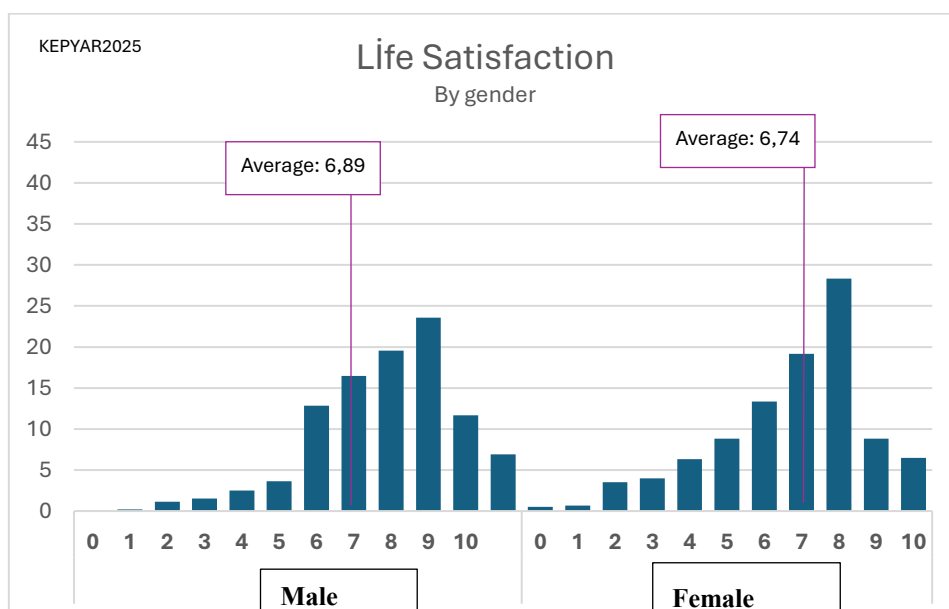

Figure 5:Life Satisfaction by Gender.

2.3 Life Satisfaction by Need for Care

While age and gender do not play a significant role in overall life satisfaction, responses to the "need for care" variable revealed a significant difference in life satisfaction between the "not needing care" and "needing care" groups. The average life satisfaction calculated from the response distribution for the "not needing care" group is above 7, while it falls below 5 for the "needing care" group. Therefore, *the need for care in old age should be considered a determining factor in life satisfaction*.
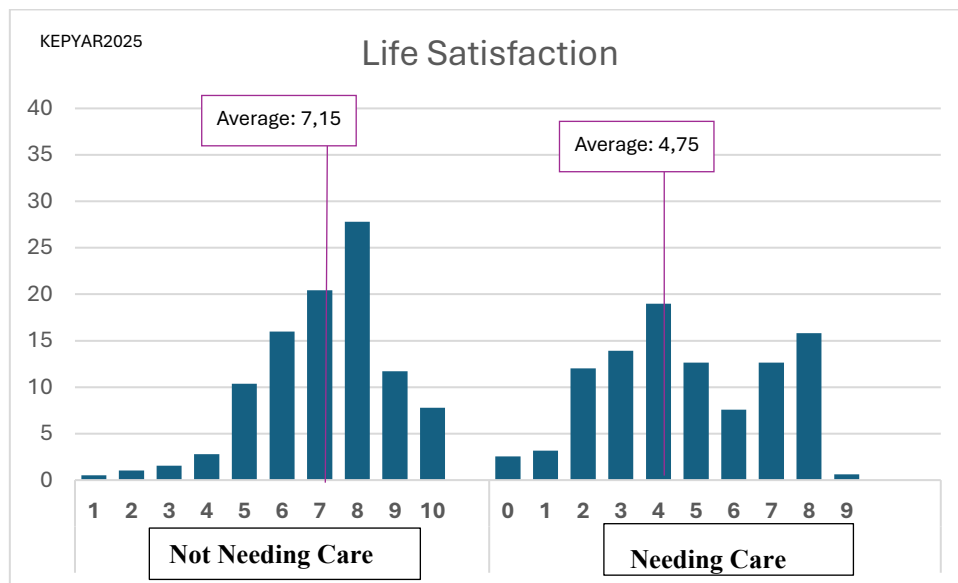
Figure 6: Life Satisfaction by Need for Care.

2.4 Life Satisfaction by Residence Status

In recent years, attention has been drawn to the increase in single-person households, emphasizing the rapid increase in the number of elderly people living in them. This has been linked to the concept of "loneliness" and opened to discussion as the problem of "loneliness in old age". However, gerontologists have long noted the weak relationship between "loneliness" and "living alone". Living alone may be voluntary, or even if not voluntary, it doesn't necessarily lead to feelings of loneliness. Loneliness is not associated with aging, either. On the contrary, it is known that millions of young people today complain of loneliness. While someone may feel lonely in a metropolitan area like Antalya, someone living alone may not feel lonely at all. This depends on the individual's lifestyle, relationships, time management, and many other factors (Opaschowski, 1996).

The findings of our research support these views. Individuals' residence status was determined by the number of household members, creating three groups: "1 person," "2 people," and "3 or more people." The distribution and average values of their responses to the life satisfaction question are presented in the graph below. It was determined that the group with the highest life satisfaction was "1-person" households, meaning those living alone. Therefore, *the number of people living in the household should not be considered a direct determinant of an individual's life satisfaction. Rather, the "quality" of the relationship between the individuals living together in the household should be considered a significant factor*. In a household where many people live together but fight daily, assuming that their life satisfaction will increase simply because there are more people living together is a logical fallacy.
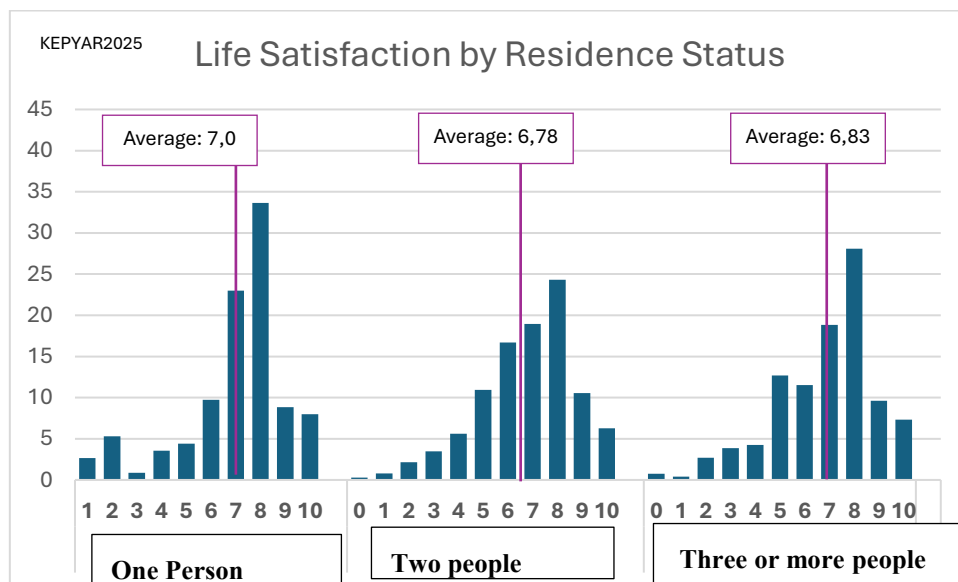

Figure 7: Life Satisfaction By Household

2.5 Life Satisfaction by Marital Status

Like the findings above, the findings on life satisfaction by marital status also dispel stereotypes. The highest average life satisfaction was found in the "married" group. However, the average life satisfaction of individuals in the "widowed" (spouse died) category came in second, and no significant difference was found between the married group. The generally perceived negative relationship between widowhood and old age was not confirmed in this study. Even the "divorced" group achieved an average value roughly equivalent to the two. Only the "single" category showed a significant difference in average life satisfaction compared to the others. However, as noted above, this could not be attributed to a feeling of loneliness. This finding is confirmed again here: "Single" and "divorced" do not necessarily imply

"loneliness." At this point, various "residence types" come to mind. For example, single elderly people can live alone, with siblings or with other relatives; divorced individuals can live alone, with their children or other relatives, or with a common-law partner after divorce. Therefore, in light of these findings, it must be acknowledged that terms like "widow", "single", "married" and "divorced" should not be interpreted without further investigation. Only through research can prejudices and stereotypes about the elderly be dispelled.
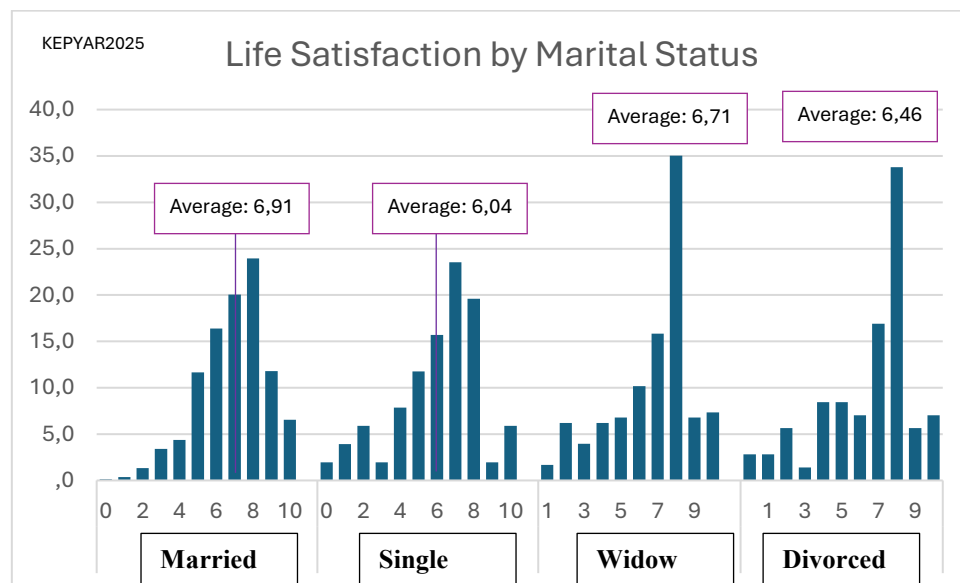
Figure 8: Life Satisfaction by Marital Status

2.6 Life Satisfaction by Level of Education

The findings demonstrate a very strong correlation between education and overall life satisfaction. Overall average life satisfaction increases with an individual's level of education. It appears that education is a determining factor in aging, too. Therefore, "lifelong learning" (Lenz, 2004, Tufan, 2022) should be considered one of the most valuable measures for the aging population.
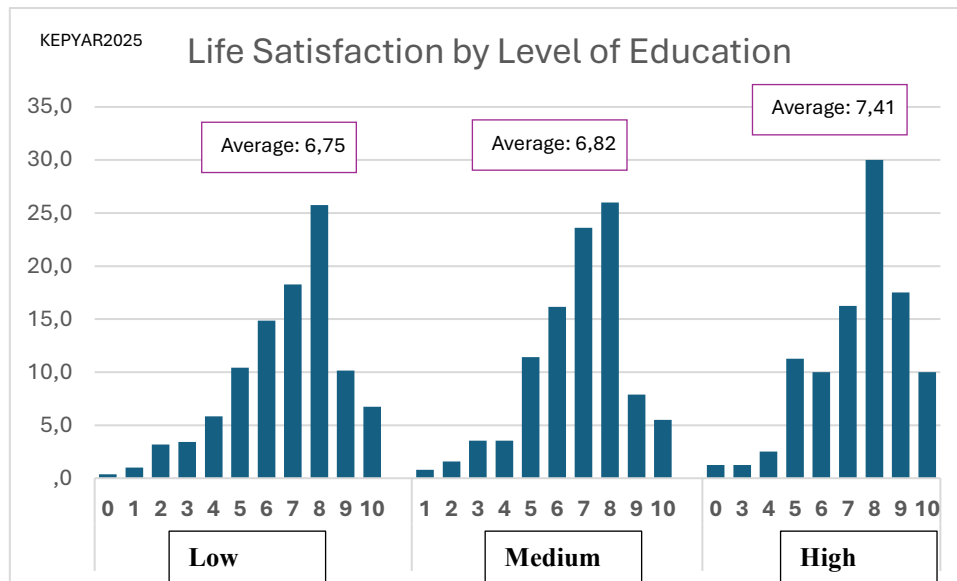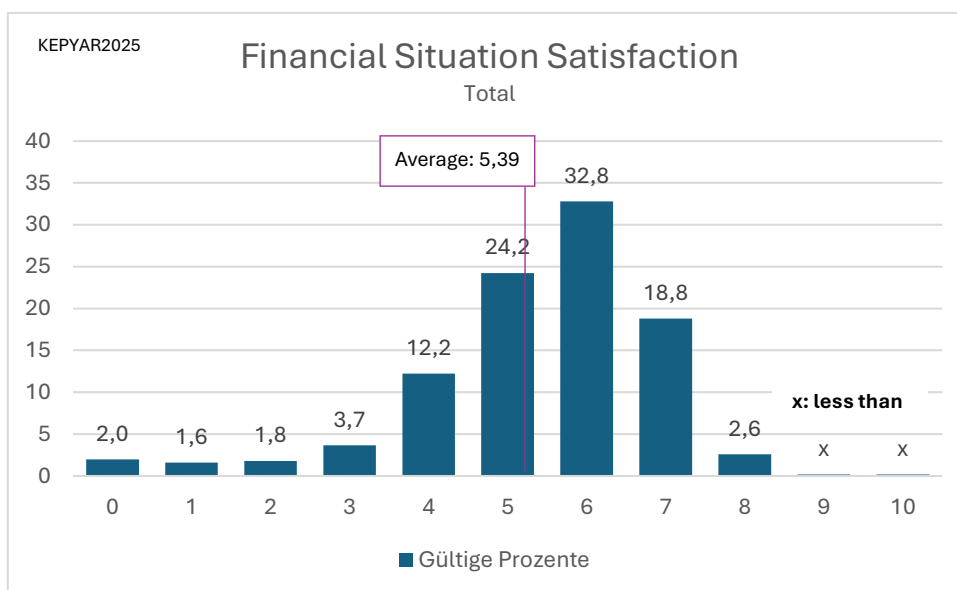
3 Financial Situation Satisfaction
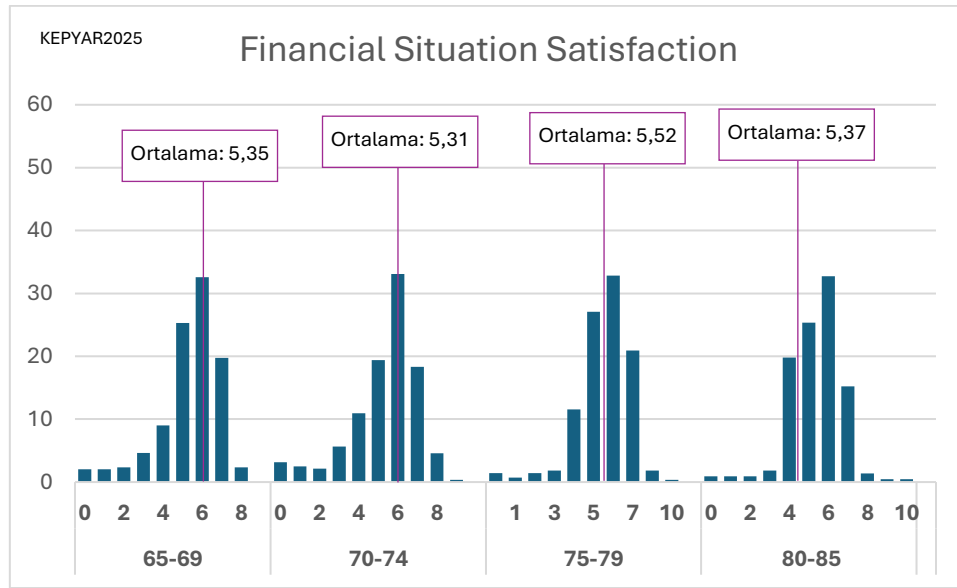

Figure 9: Income situation satisfaction

3.1 By Age Group

Figure 10: Financial situation satisfaction by age group.
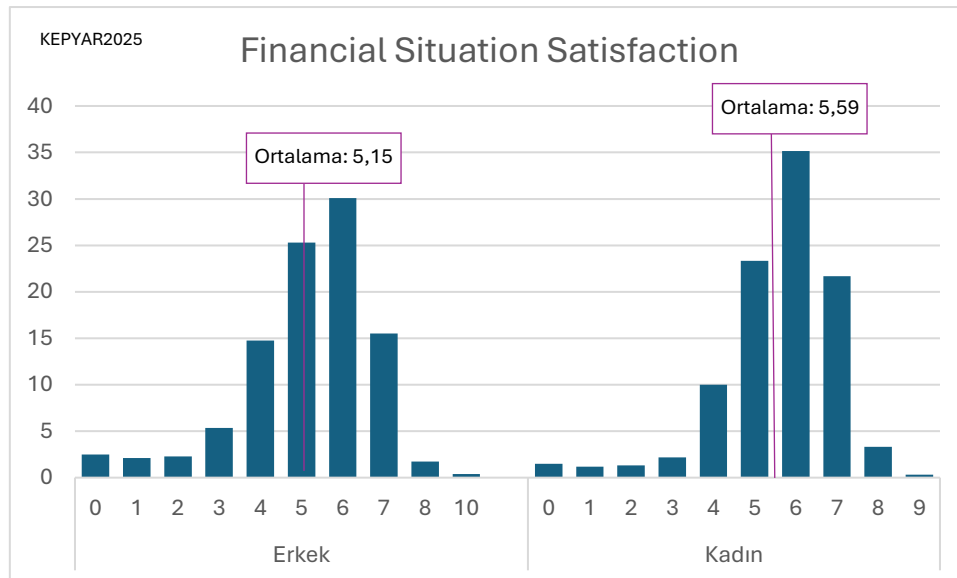
3.2 By Gender

Figure 11: Financial situation satisfaction by gender.

3.3 By Need for Care

While there is no statistically significant difference between them, the fact that the "needing care" group's financial satisfaction level reaches a higher average value than the group without care is surprising only at first glance. Two important factors may underlie this situation: Because the financial situation of older adults generally tends to worsen rather than improve, the average values for both groups are roughly the same regardless of the need for care. In other words, *income hardship or well-being* is independent of the specific problems of old age, such as the need for care, but rather depends on the individual's biography before old age. It is generally linked to an individual's socioeconomic status, which is related to their *educational level and occupational position.* But why is the average financial satisfaction of the "needing care" group higher? This can be answered statistically, that is, within the framework of Probability Theory, and should be assumed to be purely coincidental. This finding can be interpreted as a "commonality in income hardship" in old age because the average satisfaction values obtained in general life satisfaction measurements are lower than the average satisfaction values. On the other hand, if we remember that the general life satisfaction of the "needing care" group is the lowest of all (4.75) and if we also take into account that the average "financial satisfaction" level is high here, we can assume that the need for care, that is, dependency, rather than income, determines the level of life satisfaction.
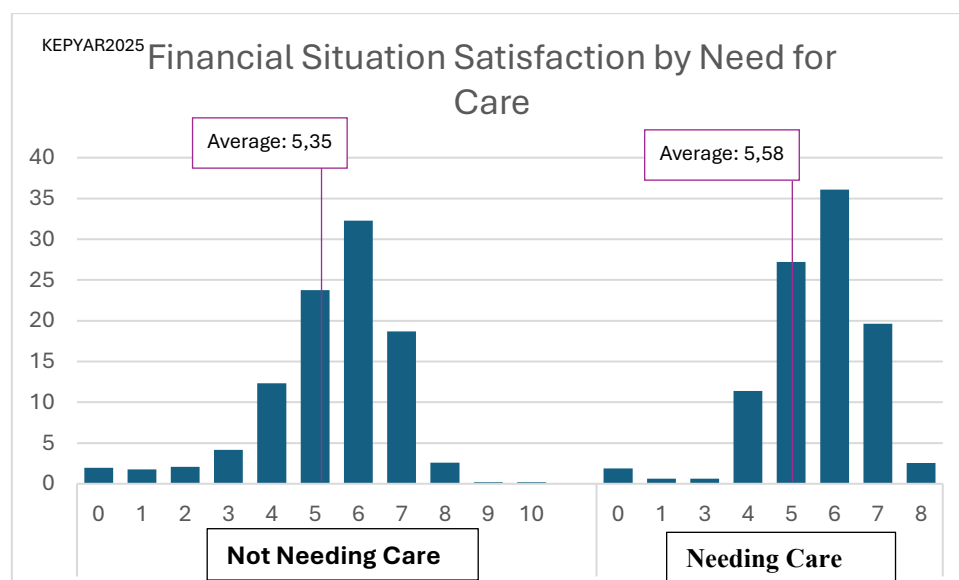

Figure 12: Financial Situation Satisfaction by Need for Care.

3.4 Financial Situation Satisfaction by Residence Status

A statistically significant difference was found between residence status, or the number of household members measured here, and financial satisfaction. While the average financial satisfaction of single-person elders was around 4, it reached 5.4 for two-person households and 5.9 for households with three or more members. A positive linear relationship was found between the average financial satisfaction level and the number of household members; that is, the average financial satisfaction level increases as the number of household members increases. This is likely explained by the presence of employed individuals (e.g., the elder's son, daughter, or grandchild) in households with three or more members.
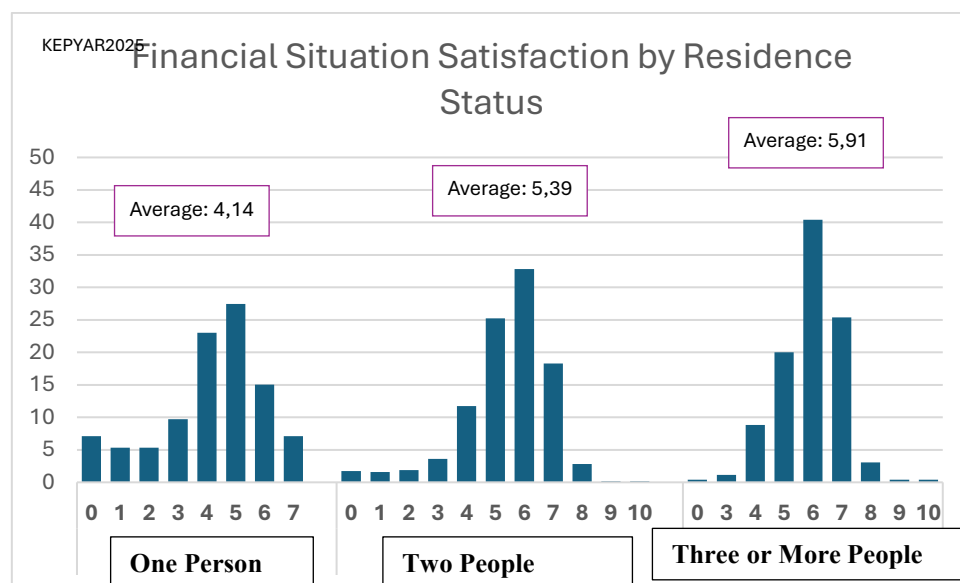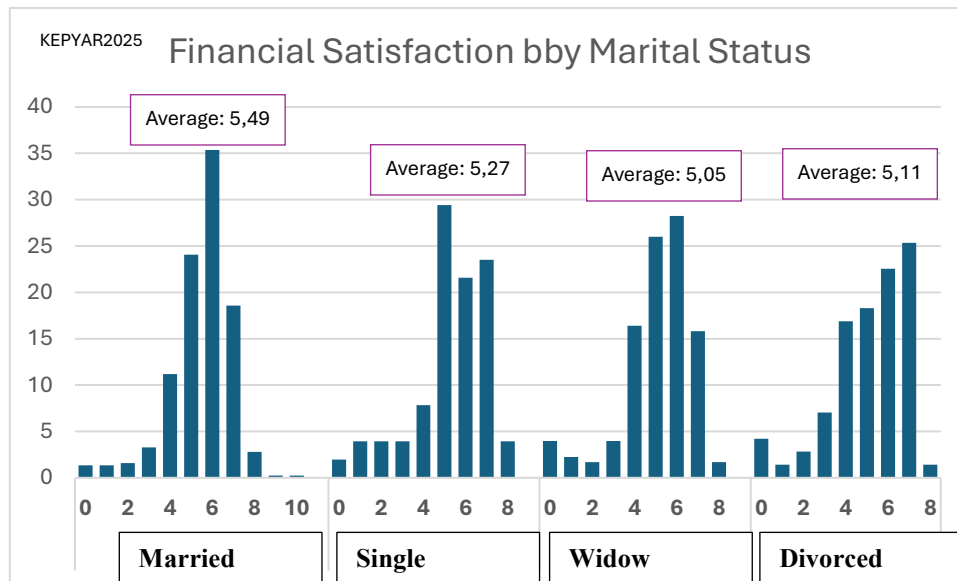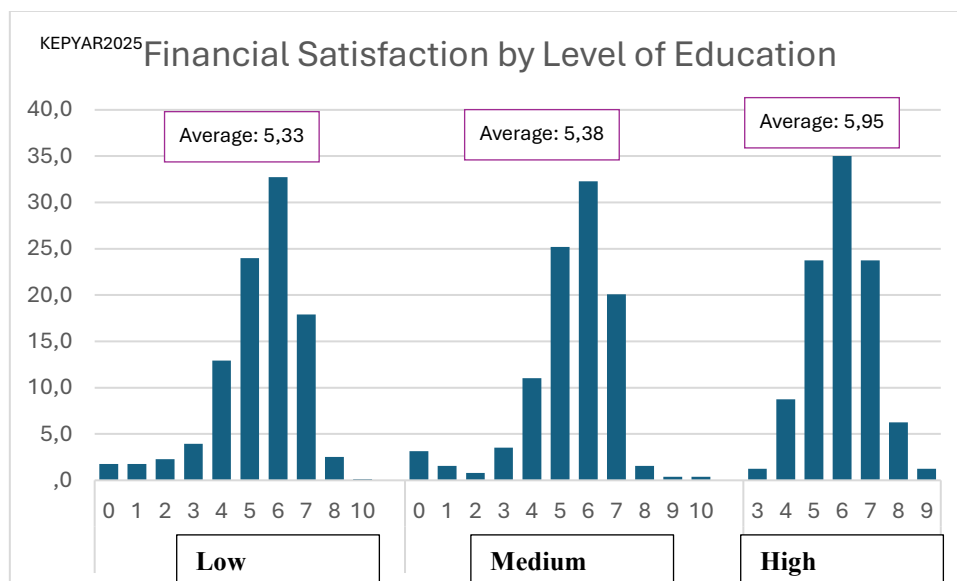

Figure 13: Financial situation satisfaction by residence status.

3.5 Financial Situation Satisfaction by Marital Status

Financial Satisfaction bby Marital Status

3.6 Financial Situation Satisfaction by Level of Education

Financial Satisfaction by Level of Education
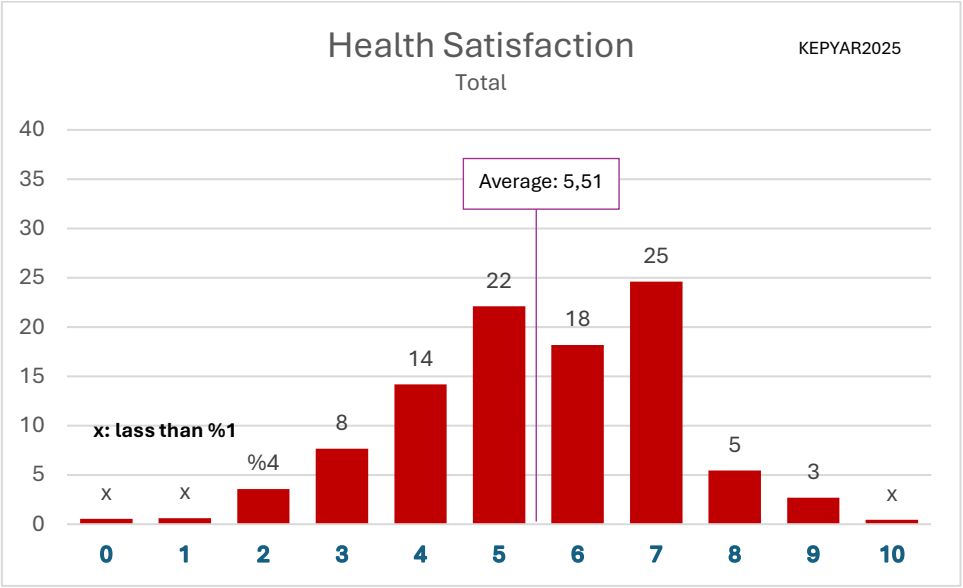
4 Health Satisfaction

Figure 14: Health satisfaction.

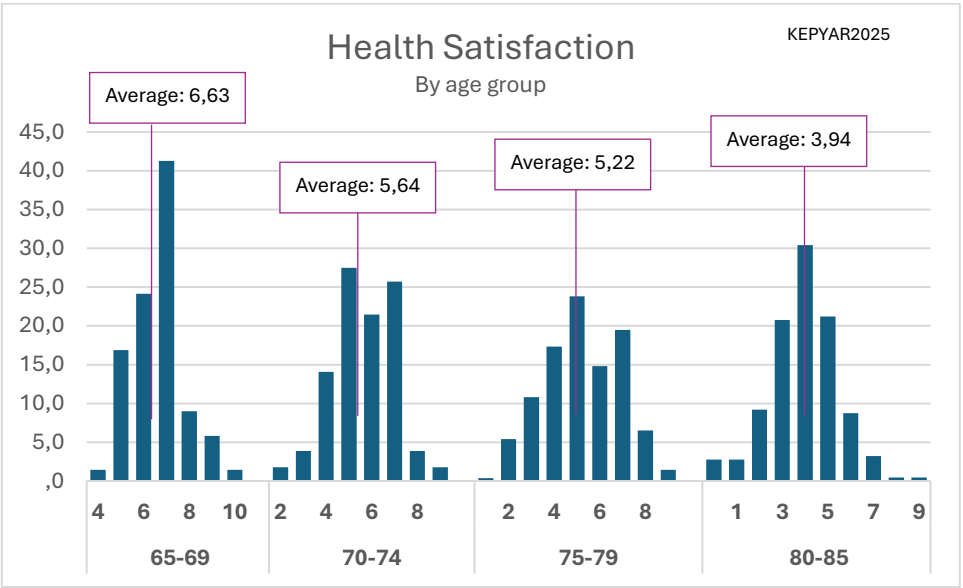## 4.1 By Age Group

Figure 15:Health Satisfaction by Age Group.
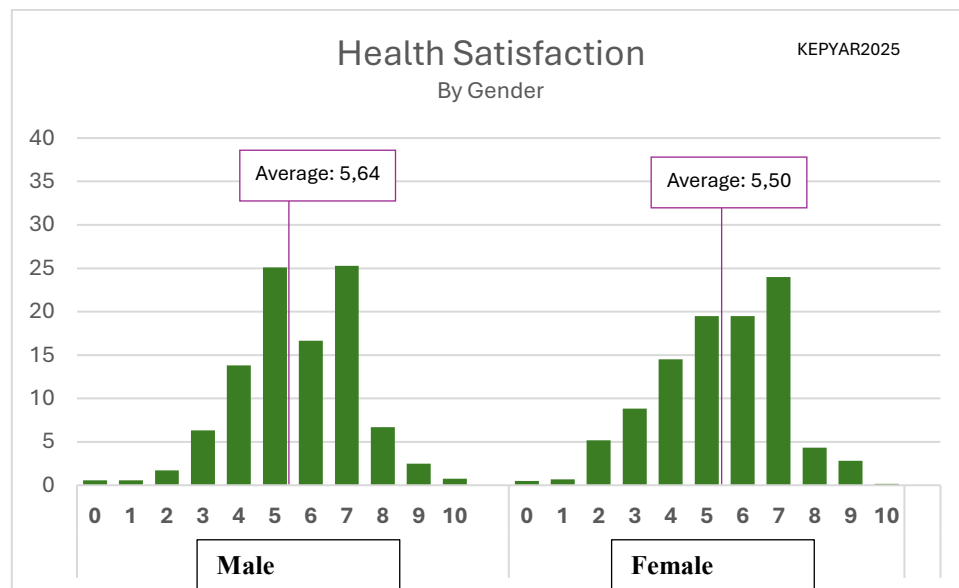
4.2 By Gender

Figure 16: Health Satisfaction by Gender.
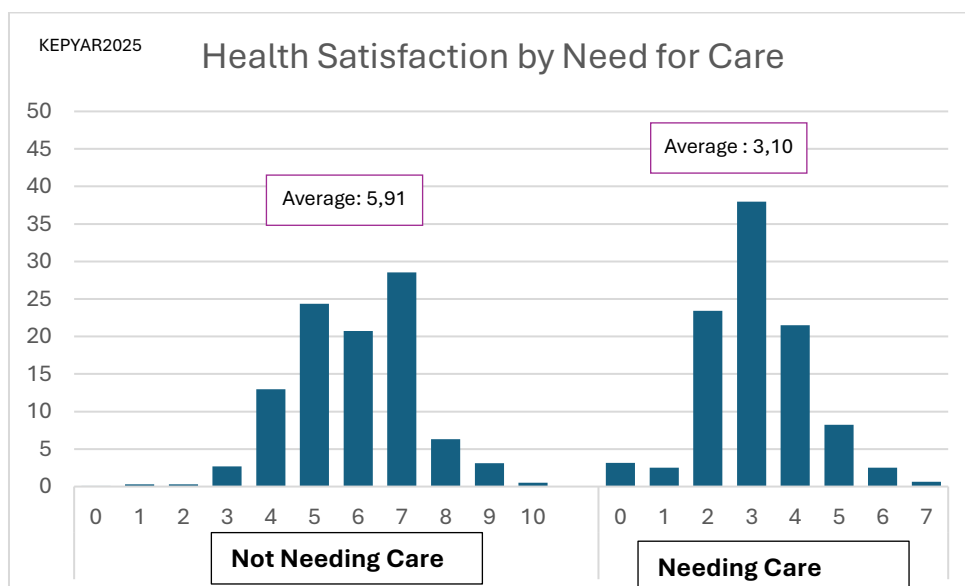
4.3 By Need for Care

Figure 17: Health satisfaction by need for care.

4.4 By Residence Status

Figure 18: Health satisfaction by residence status.
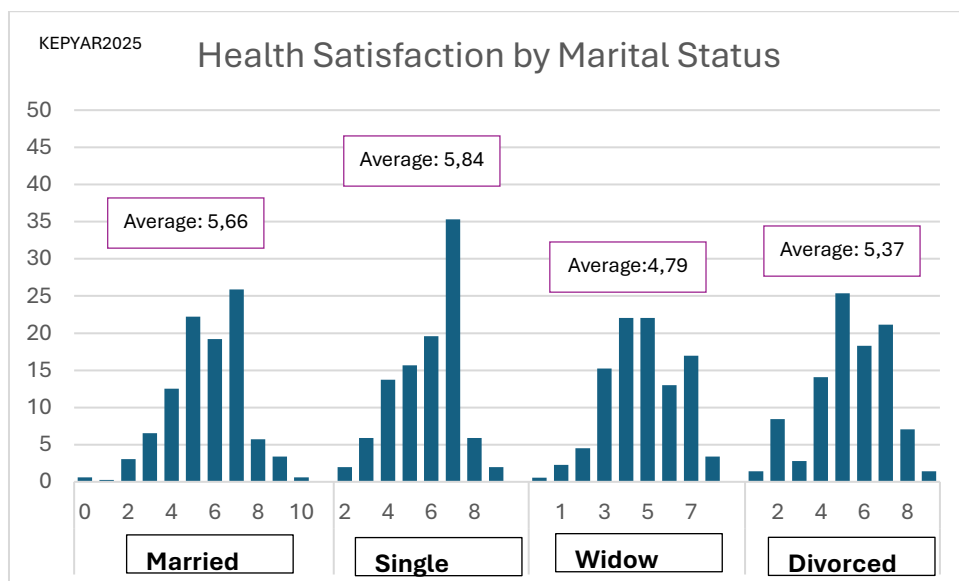
4.5 By Marital Status

Figure 19: Health satisfaction by marital status.

4.6 By Level of Education
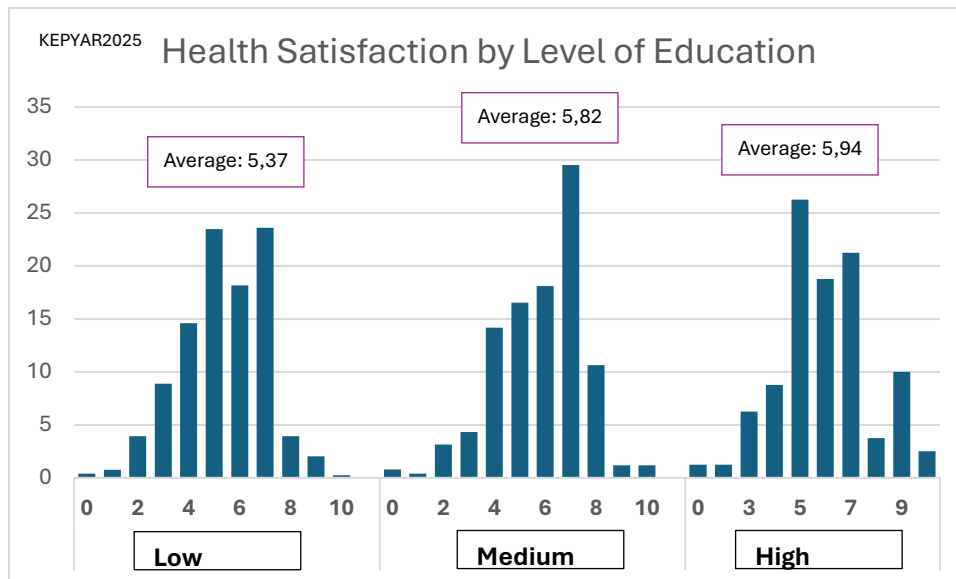
Figure 20: Health satisfaction by level of education

5 Need for Care

In total, 86% of participants do not require care. They can handle their daily tasks independently. However, 14% require support, assistance or care in their daily lives. The need for care increases with age. While 2% of those aged 60-65 require care in their daily lives, this rate exceeds 9% in the 70-74 age group, rising to 19% in the 75-75 age group and 33% in the 80-85 age group.

Figure 21:Care for need by age group.

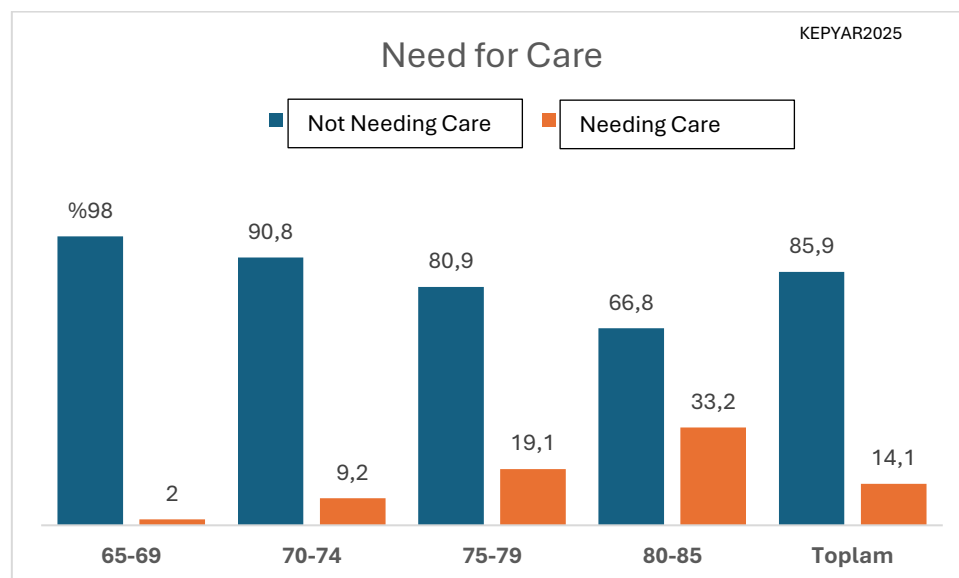The need for care was found to be 10.9% for men and 16.8% for women. Women, on average, have a longer life expectancy than men, which puts them at a disadvantage in older age, as they are forced to spend the rest of their lives as dependents.
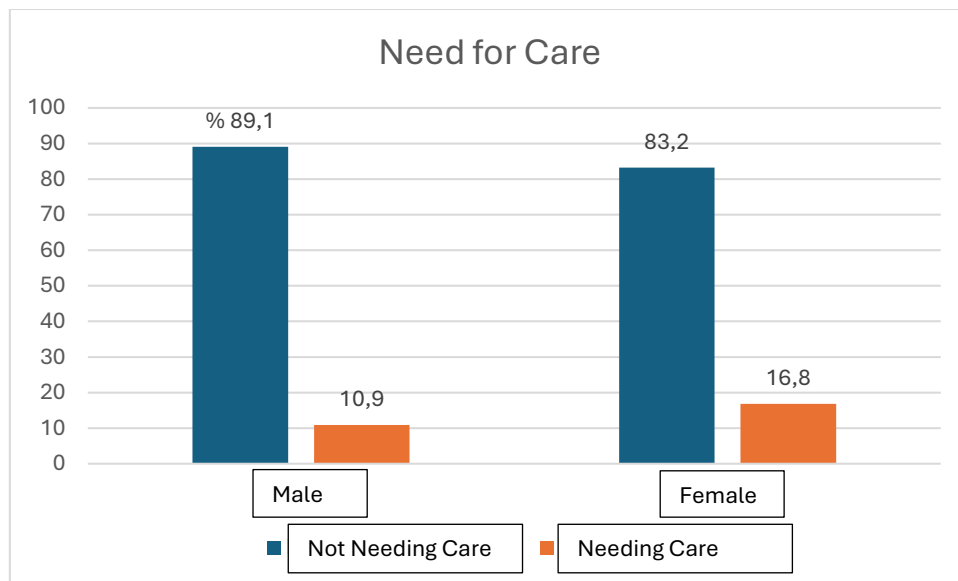

Figure 22: Need for care by gender.

6 Result

Like gender identity, the concepts of aging and old age appear at first glance to be natural, biological, predetermined categories. However, biological preconditions are actually merely "materials" for how society and the individual cope with them (Karl, 1999, p. 20). In Age Friendly Kepez, this "material" will be rediscovered, preserved to the best of its ability, and the number of Kepez residents who "age successfully" will be increased.

The Kepez Municipality will achieve this through "applied gerontology" and will serve as a model for Turkey in the well-being and life satisfaction of older adults. This requires meticulous analysis, interpretation and insights into empirical data. To demonstrate this rigor, we have only discussed analyses of the concept of "life satisfaction" here. However, the Kepez Aging Research encompasses analyses, interpretations and insights far beyond those presented here.

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