



Research Article

Rural Older Adult Women's Perspective on Aging: The Case of Adana

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ABSTRACT

This study determines the perspectives of older adult women, who are living in rural areas, on old age as well as the causal factors affecting these perspectives. The population of this cross-sectional study included older adult women aged 65 and above. The survey method, a quantitative data collection technique, was used, and 145 older adult women were surveyed through face-to-face interviews. Of the women interviewed, 44.1% were unsatisfied with their health status. Old age was highly associated with illness, death, and the need for nursing. Social perceptions about old age seem to influence the self-perceptions of older adults. One of the most important findings of the study is that ~~one's~~ level of education level and social environment have a significantly greater influence on a person's perspective regarding old age than their ethnic identity.

Key Words: Social Perception, Aged, Women, Self-Concept, Cross-Sectional Studies.

This study is the expanded edition of “Views of Older Adult Rural Women on Old Age: The Case of Adana,” presented at the Second Congress of Women’s Studies in Çukurova, which was held between November 28 and 30, 2018. The presentation in question included data on the villages of Havutlu and Danacı. The data on the village of Yeşildam were included in this article.

Kırsalda Yaşlı Kadınların Yaşlılığa Bakışı: Adana Örneği

ÖZ

Bu çalışma, kırsal kesimde yaşayan yetişkin kadınların yaşlılığa bakış açılarını ve bu bakış açılarını etkileyen nedensel faktörleri belirlemektedir. Bu kesit çalışmanın popülasyonu, 65 yaş ve üstü yetişkin kadınları içermektedir. Nicel bir veri toplama tekniği olan anket yöntemi kullanılmış ve 145 yaşlı yetişkin kadına yüz yüze görüşme yoluyla anket uygulanmıştır. Görüşülen kadınların %44,1'i sağlık durumlarından memnun değildir. Yaşlılık; hastalık, ölüm ve bakım ihtiyacı ile yüksek oranda ilişkilidir. Yaşlılıkla ilgili sosyal algılar, yaşlı yetişkinlerin benlik algılarını etkiliyor gibi görünmektedir. Araştırmanın en önemli bulgularından biri, kişinin yaşlılığa bakış açısında etnik kimlikten çok eğitim düzeyinin ve sosyal çevrenin etkili olduğudur.

Anahtar Kelimeler: Sosyal Algı, Yaşlılık, Kadın, Benlik Kavramı, Kesit Çalışmalar.

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Introduction

There are distinct definitions regarding old age from demographic, biological, and economic perspectives, and these are different across communities. Because society influences our perspectives on who can be considered old, how to treat old people, and how old people should behave in a specific environment (Görgün-Baran, 2003). Older adult people tend to position or perceive themselves in society and family according to these external perceptions of other people. In addition to the social perceptions of old age, various variables including gender, educational background, and socio-economic level of the older adult may impact the way the older adult perceives old age (Khaw, 1999; Gönüllü-Taşkesen, 2017). In addition, rural areas are predominantly populated by older adults due to the large-scale migration of younger generations to urban areas since 1950 (Tekten-Aksürmeli, 2017; Yakar, 2012).

International literature indicates that the studies about old age in rural and urban areas focus on issues such as health, transportation, life satisfaction, marriage, suicide, poverty, and disabilities, and these issues generally included and involved both men and women. Accordingly, in their study, Onolemhemen (Onolemhemen, 2009) found that older adult women were more likely to be poor than elderly men living in Detroit, USA. The study revealed that there were more poor elderly women living in the city than poor elderly men.

Choi, Schuster, and Schoenberg (2019) studied the transportation problems of elderly in rural areas in Kentucky, USA. In their study, they found that there are very few transportation services available to the elderly. They concluded that the elderly is willing to use technological solutions (mobile phone, internet, etc.) to solve transportation problems, and the private sector and the public must act together to solve this problem.

While the number of older adult population in Turkey is increasing rapidly, studies on old age and aging during the modernization process are very limited (Müftüler, 2019), and the existing articles and theses generally focus on biological and psychological health problems (Özkul and Kalaycı, 2015). The studies in national literature

are primarily related to health, social services, and psychology; they involve elderly people as a large group and focus on the perceptions of old age and aging (Karahana and Güven, 2002). It was determined that they examined the older adult within the family structure, which basically transformed into the nuclear family with modernization, and they did not make a distinction between rural and urban areas. In fact, the study conducted by Gönüllü-Taşkesen (2017), also emphasized that there were studies involving the elderly based on old age's economic, legal, health, and psychological impacts, but the number of studies making a distinction between rural and urban areas were very limited. Moreover, a limited number of studies conducted in rural areas focused on older adult women in rural areas, the elderly and suicide, and old age and loneliness. The literature review indicated that there were no studies that directly focused on the perception of the older adult women, living in rural areas, regarding old age in Turkey. In addition, a wide variety spectrum of cultures in Turkey (Arabs, Turks, Muhajir) are living together. However, no study examining these cultures and older women in this culture has been found. This study will help to fill this gap in the literature by examining rural areas, the older adult woman living in those areas, and the perceptions of these women on old age at the same time and based on cultural diversity. The present study is also important because it examines the feminization of old age, which is an important agenda item in the world, in general, and in Turkey, in particular, and it could be useful to policy makers. Because of according to the 2016 ABPRS data, 23.3% of the older adult people in Turkey were males and 76.7% were females (TurkStat, 2018a).

This study aims to determine the perspectives/perceptions of older adult women, living in rural areas, on old age and to identify the factors affecting their perspectives.

Materials and Methods

The population in the villages, where the study was conducted, was dominated by Arabs, Turks, and immigrants. The population of this study included older adult women aged 65 and above

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living in the Arab village of Havutlu, Turkish village of Danacılı, and the immigrant village of Yeşildam in the central districts of the province of Adana. These villages were selected as they had the highest population of older adult women. Therefore, the fact that the Arab, Turkish, and Muhajir (immigrant) villages are all connected to the same province (Adana), their close proximity to one another in terms of accessibility, housing a higher older adult women population than other villages in Adana, were significant factors for these villages' inclusion in the study. Moreover, for the interviewed women, no sampling was done, and all women were included in this study. However, not all older adult women aged above 65 could be interviewed due to illness, refusal to be interviewed, not being at home, and so on. The proportion of older adult women interviewed corresponds to 75.3% of the study population (145 women interviewed, 193 older adult woman in total) $\ast 100 = 75.3\%$). The total female population of the three villages that constitute the research area is 2321 people (Anonymous, 2018). By rationing this number to the older adult population rate of Turkey, which is 8.3% (TurkStat, 2018b), the total population of older adult women (main population) in the area was calculated. As the study was conducted in 2018, the data from 2017 on the rate of older adult population were used. Accordingly, there are 193 older adult women in three villages. As a result of the reasons listed above, it was not possible to conduct interviews with 48 of these women and 145 of them were interviewed. Of the women interviewed, 34.5% (N = 50) lived in Havutlu (Arab village), 35.2% (N = 51) lived in Danacılı (Turkish village), and 30.3% (N = 44) lived in Yeşildam (Immigrant/Muhajir village). Prior to the beginning of the field research, the "Ethics Committee Approval Certificate" was obtained on the subject.

In this study, the data were collected through quantitative data collection measures. Since the rate of literacy among the older adult women was low, the questionnaire was administered through face-to-face interviews. The questions were prepared in the form of a semi-structured questionnaire, and their scope was designed to ensure that the older adult women could answer

them without feeling wearied. The survey form used in the study consists of five main sections and a total of 42 questions. These are Demographic, Family, Economic Structure, Health Status and Perceptions regarding old age and usage of the Likert-type Scale (who they would consider to be older adult, how they define old age, how they think young people perceive the older adult, their greatest fear regarding old age, their opinions about remarriage, the best thing about being an older adult woman, the most important problem about being an older adult woman, etc.: a total of 14 questions).

The questions in the first four groups were asked to comprehend the current socio-economic situation of the older adult women interviewed and their personal views on their own health. The questions about the perceptions regarding old age in the fifth part was asked to determine their subjective evaluation of older women. The questions in the first four groups reveal the capabilities of older adult women (physical, material, cultural, health), and they help to interpret and analyze the answers provided to the questions regarding the perception of old age in the fifth group.

To measure the perceptions of the older adult women about old age, a 5-point Likert-type scale was used (1 = "I strongly agree", 5 = "I strongly disagree") for 14 different statements. The Likert-type scaling technique is the most commonly used scaling technique in applied social science research and the attention paid to its establishment and implementation is critical for the accuracy of the study results (Bayat, 2014). Accordingly, the alpha coefficient was used to calculate the reliability of the Likert-type scales and the reliability was expected to be at least .70 (Balaban, 2015). Cronbach's alpha coefficient was found as .735, which shows that the reliability of the questions was high. The analysis of variance was performed to determine if there was any difference among the villages. In the ANOVA, two or more groups were compared, and the groups were collectively addressed to reach a general conclusion about whether there is any difference among them (Baş, 2001). The normality assumption test shows that the data has normally distributed.

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Results

The average age of the older adult women was 68.92 years. The average monthly personal income of the older adult women was €78.14. The older adult women designated themselves predominantly as housewives (97.2%). Only a small proportion of the women defined themselves as farmers (2.8%), and they were majorly from the immigrant village of Yeşildam. Overall, 6.9% of the women lived alone. The rate of older adult women who were living alone was 12.0% in the Arab village (Havutlu), 2.0% in the Turkish village (Danacılı), and 6.8% in the Immigrant/Muhajir (Yeşildam) village.

According to the villages, the average years of education received by the women were 2.52 years, and the women in the immigrant village of Yeşildam had the highest education period with 3.66 years. In 2016, the rate of illiteracy among older adult women (31.1%) was four times higher than that of older adult men (7.5%) (TurkStat, 2018c). Low level of education is a variable that directly affects the quality of life among women in their old age. When they work, these women can only work low-wage jobs without many opportunities for promotion due to their low education levels. This, in turn, translates into lower pensions although they need greater volume of funds for retirement or healthcare expenditures.

The primary means of livelihood for the older adult women is not dependent on agriculture, although they live in a village. When the livelihoods are examined on the basis of the villages, the older adult women dependent on the retirement pension is 78% in Havutlu village, 41.2% in the Danacılı village, and 65.9% in the Yeşildam village. Therefore, 98% are not currently employed

Significant differences were found among the villages regarding health status ($p < .029$). In a study conducted in 20 villages in the town of Zara (8), the rate of those who reported their health status as poor was the highest (33.7%). They were followed by those who reported their health status as moderate (27.7%), good (25.3%), very bad (8.4%), and very good (4.8%). Of the older adult women, 69% ($N = 100$) reported a health problem. In this regard, there

was no significant difference among the villages ($p < .087$). Of the 100 women who reported a health problem, 17% had diabetes, 20% suffered from hypertension, 22% had joint diseases, 15% reported cardiovascular diseases, 3% suffered from cancer, 9% had at least two of the preceding diseases, and 9% suffered from other diseases. Diabetes was the most frequently reported disease in the Arab village of Havutlu, while the older adult women from the Turkish village of Danacılı mostly reported hypertension and joint diseases. Cardiovascular diseases were equally common in the Turkish (Danacılı) and Arab (Havutlu) villages; however, it was considerably less common in the immigrant village (Yeşildam) compared with the other two villages. However, only the women in the immigrant village (Yeşildam) reported multiple diseases.

To find the perceptions of the older adult women regarding old age, the respondents were asked to answer the question, "What is the first thing that comes to your mind when one says older adult?" A significant portion of the older adult women in all three villages associated old age primarily with a need for nursing, illness, death, loneliness, and infirmity.

Concerning the worst aspects of being an "older adult woman," a need for nursing was the most frequently raised issue by the older adult women in all three villages (30.4% in the Arab village of Havutlu, 36.6% in the Turkish village of Danacılı, and 28.6% in the Immigrant/Muhajir village of Yeşildam).

The most significant challenges in the lives of the older adult women who participated in the study included health-related problems (37.4%), a need for nursing (15.6%), and inadequate financial resources (14.1%). Therefore, based on the data, it can be argued that the older adult women living in the Arab village of Havutlu had a higher number of and more diversified problems compared to the older adult women in the Turkish village of Danacılı and the Immigrant/Muhajir village of Yeşildam. The older adult women who gave no response were predominantly from the Turkish village of Danacılı (29.4%). The "other" option had a share of 6.7% and included answers such as anxiety about the future, concerns regarding children,

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excessive workload due to younger people not being in the village, the lack of a hospital in the village, difficulties during the winter season, and a lack of education facilities.

To reveal the views of the older adult women about old age, a 5-point Likert scale was used for 14 statements. Based on the averages of the answers given, the older adult women in all three villages (i.e. Arab village of Havutlu, Turkish village of Danacılı, and the Immigrant/Muhajir

village of Yeşildam) shared the same ideas about old age (for the first eight expressions and the tenth expression). It was found that they primarily agreed with the statements. In the ANOVA conducted to find whether there are differences among the villages, significant differences were identified for the 4th, 5th, 9th, 11th, 12th, 13th, and 14th statements given in Table 1.

Table 1. ANOVA test results

		Sum of Squares	df	Mean Square	F	Sig.	Mean
1. Old age is the best thing that can happen to a person	Between Groups	4.093	2	2.046	2.470	0.088	
	Within Groups	117.659	142	0.829			
	Total	121.752	144				1.96
2. Old age means wisdom	Between Groups	1.054	2	0.527	0.725	0.486	
	Within Groups	103.318	142	0.728			
	Total	104.372	144				1.79
3. Old age means maturity	Between Groups	2.143	2	1.071	2.153	0.120	
	Within Groups	70.657	142	0.498			
	Total	72.800	144				1.40
4. Old age means peace	Between Groups	5.371	2	2.685	3.699	0.027	
	Within Groups	103.071	142	0.726			
	Total	108.441	144				1.94
5. Old age is the worst thing that can happen to a person	Between Groups	6.610	2	3.305	3.655	0.028	
	Within Groups	128.383	142	0.904			
	Total	134.993	144				2.41
6. Old age means deficiency	Between Groups	0.490	2	0.245	0.264	0.769	
	Within Groups	131.951	142	0.929			
	Total	132.441	144				1.94
7. Old age means a need for nursing	Between Groups	2.418	2	1.209	2.531	0.083	
	Within Groups	67.831	142	0.478			
	Total	70.248	144				1.50
8. Old age means problems	Between Groups	3.246	2	1.623	2.621	0.076	
	Within Groups	87.927	142	0.619			
	Total	91.172	144				1.59

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9. Old age means withdrawing from life	Between Groups	12.238	2	6.119	7.956	0.001
	Within Groups	109.211	142	0.769		
	Total	121.448	144			1.90
10. Old age means an illness	Between Groups	3.793	2	1.897	2.403	0.094
	Within Groups	112.069	142	0.789		
	Total	115.862	144			1.55
11. Old age means getting closer to death	Between Groups	13.321	2	6.660	9.190	0.000
	Within Groups	102.914	142	0.725		
	Total	116.234	144			1.49
12. Old age means being excluded	Between Groups	18.003	2	9.001	11.939	0.000
	Within Groups	107.059	142	0.754		
	Total	125.062	144			2.25
13. Old age means loneliness	Between Groups	8.212	2	4.106	7.518	0.001
	Within Groups	77.553	142	0.546		
	Total	85.766	144			1.68
14. Old age means placing a strain on the family and society	Between Groups	26.983	2	13.492	18.970	0.000
	Within Groups	100.989	142	0.711		
	Total	127.972	144			1.99

Conclusion

Older women involved in the study are concerned about their future due to the problem of requiring medical care. The most important problems that they are concerned about include health issues and financial problems in all three villages.

Although there were differences among the villages regarding educational background, age, and the number of children, the older adult women in the immigrant village of Yeşildam had the highest education level and the lowest number of children per woman. It is a known fact that a high level of education is associated with a low number of children in general among women. Eryurt and Akadlı-Ergöçmen (2008), reviewed national and international literature and stated that the negative correlation between a mother's level of education and fertility was a frequently recurring finding. Indeed, the older adult women in the immigrant village of Yeşildam had 1.15 years more education time

than the average education time for all women, and their ages were 8.19 years more than the average age of all women. They were 0.31 points below the average for having the number of children. Considering these indicators, it can be argued that social change was relatively faster in the immigrant village of Yeşildam.

The most important finding of this study is that the level of education is more effective than ethnic identity in influencing older adult women's perspectives regarding old age. Therefore, among the villages in the study, the definitions regarding old age by older adult women, their problems, and attitudes to remarriage of older women do not differ significantly. However, their thoughts about old age differ among villages, especially in terms of withdrawal from life, approaching death, exclusion, loneliness, and being a burden to others. From this point of view, one of the most important findings of this study is that the level of education and the social environment have a

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greater impact on the perspectives related to old age.

As can be understood from the study data, the most important problem of older adult women are surrounding health issues. Financial difficulties are another pivotal problem of the older adult. Education is an extremely important independent variable both in terms of poverty in older adult women, acceptance of the aging process, and in terms of quality of life. Therefore, it is very important that all women receive adequate education. As a matter of fact, the older adult women living in all three villages included in the study had a low level of education.

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