Tradities in de knel: Zorgverwachtingen en zorgpraktijk bij Turkse ouderen en hun kinderen in Nederland
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SUMMARY

1. Introduction

Traditions, care expectations and care practices among elderly Turkish immigrants and their children and the developments that have taken place in this area from the 1960s onwards is the subject of my dissertation.

Many Turkish elderly who now reside in the Netherlands were socialised in Turkey, in a predominantly agrarian society with a patrilineal family structure. Within this structure, care for the elderly was a family matter, with all care tasks and responsibilities organised within the family. Once family reunification and community formation began among the Turkish guest workers in the Netherlands, they tried to create this patrilineal family structure within this country as well. Their efforts to maintain the tradition of the extended family, in which three generations live together under one roof, is exemplary in this regard. An important motivation was to ensure continuance of traditional attitudes towards care and care practices, in the Netherlands. To what extent did they succeed? This question underlies the central problem statement of my research:

How do Turkish families’ culturally normative ideals about care for the elderly compare with actual care practices for care-dependent elderly Turks in the Netherlands?

My literature survey shows that theories of social gerontology are strongly rooted in contemporary Western society. This renders them inadequate for describing and analysing a group of elderly people who were socialised in a predominantly agrarian society with a patrilineal (non-Western) family structure. The current study therefore draws mainly on theories and concepts from cultural anthropology.

In my research, I selected 30 families, all originating from rural areas in Turkey. This cultural homogeneity made it possible to identify the consequences of migration for attitudes towards care, care expectations, and practices of care among elderly parents (first-generation migrants), their children (the second generation, often born in Turkey), and in some cases their grandchildren (born in the Netherlands), as well as transformations that have taken place in these regards. Thirty families were selected based on their experiences with care: in five cases, the family's elderly members were not yet dependent on care; twelve families had experienced care dependency of elderly members; and in thirteen families, one of the elderly members was bedridden.

The selected elderly men came to the Netherlands as unskilled 'guest workers' in the period from 1960 to 1973. Their age upon arrival in the Netherlands was 35 years at most. The intention – of both the immigrants and of Dutch society – was that they would work hard for a number of years and then return to their country of origin.
The wives and children of these guest workers were initially left behind with parents or other family members in Turkey. In 1973, recruitment of contract labourers officially ended. From that time, family reunification in the Netherlands got under way. Among those who settled 'permanently' with their family in the Netherlands, community formation got under way with increased intensity. The Turkish community gained an awareness of its position as an ethnic minority within Dutch society. Community formation took place at all levels. At the macro level (national), these migrants were part of the Turkish ethnic minority within Dutch society. At the meso level, they organised themselves into socially- and religiously-themed groups and associations. At the micro level, they formed family networks and networks of natives from the same region in Turkey within their residential areas.

How did their ideals, attitudes, and practices with regard to care for the elderly evolve within this context? What were their initial expectations? That is, what was care like within the patrilineal extended family in rural Turkey in the 1960s?

2. The Turkish patrilineal extended family (aile), care expectations and care practices

The Turkish patrilineal extended family (aile) originated in an agrarian environment in which agriculture was a primary source of income and land ownership. This extended family, as a hierarchical system of kinship relations structured along the male line, is a political, economic, religious and social unit with gender-specific roles and task allocation.

Care for elderly parents is completely embedded within this system of the patrilineal extended family with its gendered division of labour. Within the family, it is the men who have final responsibility for this care. Performance of care lies with the women. The traditional ideal of care for elderly Turks is fulfilled when elderly family members live together in a home with a son and gelin (daughter-in-law). The in-residence son bears responsibility for providing care (bakım) to his parents. Day-to-day care is mostly done by the gelin, who also lives in the home and is supervised by her mother-in-law in her performance of care tasks. Help from other children and relatives and/or members of the social network is referred to as yardım. Hilfe may be extensive, but is understood to be more 'voluntary' in nature. Reciprocity in the relationship forms the basis of what help is expected and/or provided.

The first-generation immigrants grew up in Turkey in tightly knit village communities in which many different types of kinship ties were woven together. Mechanisms such as social control and various forms of exchange enabled members of these communities to feel 'assured' of support and care in case of sickness and old age, not only from their immediate family, but also from their social network outside of the family.

Within these networks was a strong awareness of the culturally normative ideal image of family relationships and care for the elderly. Deviations from this ideal image were 'registered' and talked about. If elderly people had to be admitted to a care facility due to the lack of bakım from sons and gelins, that led not only to tension within the family, but also to gossip within the Turkish community. The sons were then sharply criticised for their failure to fulfil their care duty in relation to their elderly parents.
The system of mutual involvement and yardım for neighbours and friends goes beyond the provision of companionship and emotional support and the celebration of religious holidays and important life events, to also include practical support in the face of all manner of hardship and illness, such as help in preparation of meals, housekeeping and even – if needed – provision of physical care.

3. Continuity and changes in care expectations and care practices in the Netherlands

Today’s elderly Turks in the Netherlands learned within the patriarchal extended family ‘how things are supposed to be’. They assumed that, after migration, these culturally normative ideal images of family relations and care for the elderly would continue to guide thinking and actions. This is evident in the efforts that these migrants made to create family and social networks in the Netherlands in line with their traditional culturally normative ideals. Not only did they endeavour to assemble as many relatives and fellow villagers and countrymen as possible near them in their destination city or neighbourhood. They also deliberately had their children marry relatives. This is evident in the relatively high percentages of marriages between cousins among second-generation Turks in the Netherlands. Not only did more second-generation Turks marry cousins compared to first-generation migrants, but this percentage is also proportionally higher than that of their peers in Turkey. These marriages served to support family members in making a living in the prosperous Netherlands, as well as – and especially – as a means of ensuring care for themselves if they became care dependent in the future.

Those elderly who did not have (healthy) children, or sons, all made early attempts at one of the traditional ‘next best’ solutions: adoption and/or arranged marriage of their daughters to a cousin, followed by the daughter and son-in-law coming to live in their home (iç güvey).

Traditional ideals of care, care expectations and care practices do not change overnight. Changes are forced by changing circumstances. A key and influential first circumstance was the elderly parents’ own experiences of care dependency of their parents. Due to immigration, it was impossible for them to provide care according to the ideal normative pattern (by living in the family home in Turkey).

For migrants, family reunification in the Netherlands meant a transition from the extended family to a nuclear family. Nonetheless, elderly parents in the Netherlands tried to expand their family into an extended unit, with their own experiences in the care of their parents forming an added stimulus.

Almost all elderly couples initially lived together with a son-gelin and grandchildren. Until elderly parents became care dependent, they and their children assumed that care would be provided according to the traditional ideal.

However, living together with adult children is more difficult in the Netherlands. Housing is too cramped to accommodate two- and three-generation families; and a need for privacy induces many children to seek a home of their own – well before their parents become care dependent. Elderly parents hope that if they were to become dependent on care, a son and
gelin would as yet move back into the home; and children themselves reassure their parents of their 'good intentions' in this regard.

Furthermore, in the Dutch situation children's proximity to their elderly parents is a key factor determining whether they will be able to provide bakım or yardım. The 'residential pattern', that is, whether they live together or are part of a family network nearby, thus reveals not only how roles are divided between generations within families, but also whether the elderly can look to their old age with confidence.

More than half of the children in the researched families lived in close physical proximity to their parents. This means they were, in practical terms, well positioned to offer a great deal of care. After their working lives, most elderly parents live alternately in the Netherlands and in Turkey, with their stays in their country of origin varying from one to nine months each year. During these annual sojourns, these elderly rely on bakım from sons who live in Turkey and on yardım from their other children and relatives. Becoming bedridden usually puts an end to their ability to shuttle between the Netherlands and Turkey, and thus also to the (possibility of) care provided by children in Turkey.

In the early stage of care dependency, almost half of the families lived with multiple generations together in one house. In these families, bakım was provided by sons and gelins in accordance with the culturally normative ideal. In the other families, it was the female spouse who provided the bakım. Her contribution corresponds to the normative ideal pattern of care. Still, the elderly in these families perceive the care situation as not ideal. Many experience intensified concern about their future at this stage.

When the time comes that care is needed, the care that is given is more likely than not to deviate from the culturally normative ideal of bakım provided by a son and gelin. If a man becomes care dependent, that care can still be provided largely in the tradition of spousal care. If the woman becomes care dependent, she herself remains responsible for housekeeping and meals.

There is increasing pressure on the older generation to modify their care expectations and/or attitudes toward care. Proportionally speaking, elderly women are better able to make this adjustment than elderly men. Among the latter, disappointment prevails that their care ideal has not been realised despite all their efforts.

Elderly women tend to be aware that, despite the lack of traditional bakım, a great deal of yardım will be provided by children living independently but close by. Elderly mothers are better able to appreciate how busy this second generation is with family, work and young children. Thanks to their good relationship with their daughters, they are surprisingly likely, given the Dutch context, to have care expectations of married daughters who live elsewhere. Many second- and third-generation daughters themselves indicate a willingness to support their parents if they become care dependent, even though this is traditionally not their responsibility.

The increasing dependency of elderly parents and the increased difficulty of care lead a number of children who still lived at home during the care dependency stage to move elsewhere when an elderly parent becomes bedridden. In none of the families did a son move
back into the parental home with his wife during the care-dependency stage or when an elderly parent became bedridden. Thus, the earlier concern that the elderly parents felt materialises in a sense: care along the lines of their culturally normative ideal becomes less likely rather than more likely as care dependency increases.

In situations where there is no son and gelin to provide the traditional care (living in with the parents), the elderly often choose an alternative solution resorted to by childless couples and couples without sons.

Spousal care as the only form of bakım falls outside of the culturally normative framework, since the system is in fact aimed at preventing such a heavy burden in old age. Nonetheless, a small minority of the bedridden men did receive bakım only from their spouse. For bedridden elderly women, spousal care as the only bakım is not an option, due to the strict gender division of care labour. A small number of bedridden women were therefore being cared for by unmarried daughters who were living in the home. In a number of families, this 'alternative' bakım was supplemented by (substantial) yardım from children living independently.

In more than a quarter of the households where elderly members were dependent on (extensive) care, the home situation had been adapted in one way or another. These adaptations, however, were consistent with traditional attitudes towards care. For instance, residential facilities for the elderly were located in the same neighbourhood, so that their kinship ties and social networks were close at hand.

The various forms of professional care for the elderly, such as in-home care services, day care facilities and nursing homes, were unquestionably incompatible with the culturally normative framework of the required family care. In the families that were asked about care during a care-dependency stage, only a small number of divorced care-dependent women had received in-home care from a professional service organisation, for additional assistance in housekeeping. One care-dependent widower went to a day-care facility a couple of times each week. During the bedridden stage, a number of the partners of the elderly bedridden men received housekeeping assistance from professional care services. Two elderly men and one elderly women were ultimately admitted to a nursing home. In the other families, the required care was provided entirely by family members and the social network.

4. Elderly Turks in a new caring Dutch society

The parents of today's elderly Turks in the Netherlands worked until they were no longer physically able to do so, and they remained the 'boss' of their family into their old age. Elderly Turks in the Netherlands still define themselves primarily in relation to their place within the family context and the social network, and not as 'retired' or 'aged'. Social networks are important to them, because they provide a sense of 'belonging'. Within their social networks, elderly Turks are seen as 'experts by experience' and they (expect to) have a high status. Participation in their own (Turkish) community contributes to their sense of identity and self-respect. This includes sharing common experiences with peers. They also attach importance to relationships with young people within this network.
Yet, unlike their own parents, many first- and second-generation Turks in the Netherlands leave the labour force early, availing of institutional arrangements (social benefits) offered by the welfare state. In Dutch terms, they take 'early retirement'.

Their different attitudes about old age and retirement and the fact that first-generation elderly Turks often choose or are obliged to end their working life early, leads to another type of life for today’s Turkish retirees. Because they no longer work, they lose many of their contacts outside of their own Turkish circle. Furthermore, hobbies are rare among elderly Turks, especially men. The men spend their time in coffee shops and at Turkish community houses, where they come into contact mainly with peers. Their world not only shrinks; it also becomes more Turkish. That latter is also true for elderly women, though they are the ones traditionally responsible for doing most care tasks. This continues in old age, often with some additional care and support for grandchildren. In practical terms, it is they who fulfil the central role within the family network.

Migration to the Netherlands, and the now enduring stay here, has led to changes in kinship ties and family relations that complicate or stand in the way of the realisation of traditional solutions. It is extremely rare nowadays for the elderly Turks to form an economic unit with their children. Authority over children and grandchildren has diminished, as has the older generation’s means of exercising power. Their children are usually much more knowledgeable about the society around them. Among second- and third-generation children, there is, moreover, a need for privacy, with 'interference’ of the elderly parents being less and less appreciated.

A loss of confidence develops among elderly Turks in the Netherlands when their children show no interest in the investments they made and they realise that the care that they had expected to receive in the care-dependency stage is unlikely to materialise. Furthermore, elderly Turks who, by necessity, had to pursue 'next best' solutions within their normative framework or 'deviant' solutions for care provision, view their old age in a less positive light. This is especially true for care-dependent women and care-dependent men who do not live in the same household with a son.

All of this has meant that children's traditional duty of care for elderly parents is less taken for granted. Yet we must nonetheless acknowledge that very substantial informal care is still provided by Turkish families. Such care is increasingly given out of a sense of direct emotional involvement – as demonstrated by the growing role of daughters in this care – and the principle of reciprocity: parents cared for their children, and now it is the children's turn to care for their parents. These developments are clearly linked with ongoing developments within the Dutch welfare state.

An important development in this regard is the shift in responsibility for care from the national government to local government and to the family and social networks. In this, Dutch social support legislation has a major role (specifically changes in the Social Support Act, referred by the Dutch acronym 'WMO'). The new WMO is strongly based on people's personal responsibility for themselves and on solidarity between generations, within the family and among members of one’s social network. When someone requests local government assistance, an assessment follows of whether it is really necessary for local government to provide such care.
If in the Netherlands, a transition takes place from the 'old' welfare state to a 'caring society', based on the assumption of reciprocity between generations, then we might ask what this would mean for current care practices among elderly Turks and attitudes towards care within Turkish families.

Regarding attitudes towards care, it is clear that among elderly Turks – and to a lesser extent also among their children – there is still a notion of the Dutch welfare state with wide-ranging selection of services by which all Dutch elderly are 'cared for' by institutions; though this image is rejected as a option for elderly Turks themselves.

Because, as stated earlier, the Turkish extended family has lost its significance as an economic unit, relationships of authority between the generations are subject to change. Care for elderly parents has lost its 'automatic' character, and a stronger appeal is now made to mutual solidarity and reciprocity, motivated by 'individual choice'. Some second-generation Dutch-Turks have begun to see care by institutions as a (partial) 'practical solution'.

With regard to current care practices, this study found that while the traditional form of care is subject to change, family care – both old and new forms – remains central in care for elderly Turks.