

A challenging responsibility – care for older parents in Turkish immigrant families

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Abstract

Objective: This article explores care for older immigrants from Turkey, particularly with regard to receiving support from their family in a welfare state such as Denmark.

Background: The first labour migrants to Europe are currently entering old age in growing numbers. While research on the intersection between immigration and aging is expanding, knowledge about how older immigrants receive care is still limited, making this a timely study.

Method: The article draws on interviews with 30 individuals – older parents, children and grandchildren – from 22 families both with and without pressing care needs. Two of the families utilized a Danish care policy where a family member is remunerated by the municipality for carrying out specified care tasks.

Results: The data show that, in many families, both older and younger family members consider providing family care very important. The needs for such provisions are deepened due to the older immigrants' often limited command of the Danish language, which makes them unable to communicate with Danish care workers. In some families, older members refuse to receive public help, increasing the need for support from their next of kin.

Conclusion: While the existence of large family networks can facilitate provisions of family care through sharing, family responsibilities can also be stressful in a dual-earner society such as Denmark. Primary caretakers are often female, and such women's engagement in providing family care may lead already vulnerable individuals to become further marginalized in society.

Key words: eldercare, family care, gender, migration, generations, intergenerational relationships



1. Introduction

Care for older family members can be provided in a variety of ways through what can be referred to as a welfare mix of care provided by the state, the market, the family and non-profit organizations (Ochiai, 2009). In the global South, older individuals generally depend on their family for old-age care, while in the global North, more state provisions exist (Eggers et al., 2020). With such differences across geographical space, how do immigrant families approach eldercare? I explore this question in relation to a particular subgroup: immigrant families from Turkey whose older members are aging in Denmark.

When it comes to care provisions for older individuals, the contrast between Turkey and Denmark is considerable. Expectations that children care for their parents are low in Denmark (Haberkernel et al., 2015), and high in Turkey (Celik et al., 2018). For example, data from the World Value Survey show that the share who “agree strongly” with the statement “It is children’s duty to take care of ill parents” was just 4.7% of responses in Denmark but a full 40.1% in Turkey (WVS, 2022).

My article explores how different Turkish immigrant families approach old-age care, and what challenges they encounter in the process. The study thus adds to the body of research on aging immigrants, which has grown considerably in recent years (e.g. Ciobanu et al., 2017; Hunter, 2018; Karl & Torres, 2016). My analysis builds on interviews with 30 individuals (older family members and their next of kin) from 22 Turkish immigrant families.

In the next sections, I first briefly outline existing research on older immigrants and care in Northwestern Europe. Then I outline the care cultures found in Turkey and in Denmark and describe the interview data. Next is the empirical analysis that explores how different families organize care with or without inclusion of public support and shows how the gendering of care may particularly put a strain on women. The article ends with a discussion and conclusion.

2. Research on older immigrants and care in Northwestern Europe

A substantial share of today’s older immigrants in Northwestern Europe arrived as low-skilled labour migrants in the 1960s and early 1970s (van Mol & de Valk, 2016). Originating from countries such as Turkey, Pakistan and Morocco, such immigrants often face challenges in old age. For example, they are more often poor (Gustafsson et al., 2019; Jakobsen & Pedersen, 2017) and experience more loneliness than their host-country peers (Fokkema & Naderi, 2013; van Tilburg & Fokkema, 2020). Survey studies show both that such immigrant populations often place more importance on children’s caring for older generations than majority populations, and that immigrants from Turkey place particularly high importance on upholding filial norms (de Valk & Schans, 2008; Schans & Komter, 2010).

Quantitative studies indicate that such immigrants differ from their host-country populations in their utilisation of public care and support. From Sweden, Songur (2019, p. 5) finds that, while older immigrants use home-help services as much as older Swedes, they use care-home facilities to a lesser extent, and Stroh et al., (2022) find that people born abroad are less likely to receive major assistance compared to the Swedish-born population. From Denmark, Hansen and Siganos (2009) find that older immigrants have lower use of practical help, but not personal help, while Fredslund (2021) finds that the uptake of health and home-help services is lower among immigrants than among older Danes. In a Dutch study of selected groups of older immigrants, Denktas (2011) concludes that: “*The individual health and health care utilization data demonstrated a systematic and sizable underutilization of specialized health care services by Turkish and Moroccan elderly*” and that their usage of Dutch home care “...was low to absent” (Denktas, 2011, p.101).

Knowledge about the underlying causes of this lower use of certain types of public services is limited (Hovde et al., 2008a). One possible cause is related to levels of acculturation: Denktas (2011) finds that when older immigrants are able to speak Dutch well, their use of home care increases substantially. Interviews with Swedish service providers similarly indicate that older immigrants’ “...obstacles with language are compensated for through help from family members” (Songur, 2019, p.5). Stroh et al., (2022) discuss whether, besides older immigrants’ presumed access to family support, older immigrants’ lower usage of public care may be caused by inadequate provision of information and a lack of policy integration, and they conclude that it is of “*considerable societal concern [that...] this growing group of older migrants might be discriminated against in obtaining formal care and must rely upon informal caregivers*” (Stroh et al., 2022, p.9).

Another strand of research – mostly using qualitative methodologies – explore how older immigrants live and how they receive care and support. A common finding is an ambivalence among older immigrants between using family care and the care services available in the host country (Giuntoli & Cattani, 2012; Naldemirci, 2013; Næss & Vabø, 2014). Other studies shed light on family care arrangements for older immigrants with specific needs, for example, due to the onset of dementia (Berdai Chaouni & De Donder, 2019; Næss & Moen, 2015; van Wezel et al., 2016). A central reason behind such arrangements is the sentiment that family care is superior to professional care, and a task that (female) family members should carry out with respect and love. Other reasons are that public care services may be seen as inaccessible and/or inappropriate due to older immigrants' lack of host-country language skills, for example.

The sentiment that family care is superior is in no way unique for immigrants. Host-country populations are pluralistic and different care preferences coexist (Hochschild, 1995; Marckmann, 2017). Nevertheless, the quantitative literature points to family care being relatively more important in immigrant families (particularly with a low-skilled background).

3. Care between two national contexts

This article is based on interviews with older immigrants from Turkey, and their next of kin. The analytical approach recognizes and takes its starting point from the fact that care cultures (Fine, 2015) vary between contexts, for example, between immigrants' countries of origin and destination.

In the country of origin, Turkey, access to public care facilities is limited, and placing older parents in nursing homes is generally viewed as morally improper and may elicit repercussions from the community (Ar & Karanci, 2019; Şenol & Erdem, 2017). Despite declining birth rates and increases in education levels and urbanization in recent decades, strong filial norms still prescribe that family – particularly women – take responsibility in eldercare (Akkan, 2018; Celik et al., 2018; Cindoglu et al., 2011; Yazici, 2012). That women are often expected to shoulder such care responsibilities aligns with Turkey's male breadwinner/female homemaker family model where the female employment rate is just 26 per cent (Turkstat, 2022). This pattern of family care is further perpetuated by the continued existence of three-generational households (Yavuz, 2009), even though the prevalence of such households is gradually declining (Akkan, 2018). Low-income individuals with long-term care needs are eligible for a public care scheme in which the state pays a relative an allowance for providing in-home care. This scheme exemplifies Turkey's institutionalisation of familistic care values (Adaman et al., 2021).

In the country of destination, Denmark, care services are universally provided based on an assessment of needs and are generally considered to be a state, rather than a family, responsibility. In a comparison between 14 European countries, just 11 per cent in Denmark (but more than 90 per cent in Greece and Poland) considered care of older individuals to be the responsibility of the family (Haberkern et al., 2015: 306). The high level of public care provision in Denmark is linked to the country's dual-earner family model. Danish women's employment rate, at 76 per cent, is almost as high as men's (79 per cent; DST, 2021, p. 44). The public care services are also available for immigrants, regardless of whether they have been in the Danish labour market or not (Kjær & Siren, 2020).

Danish public policy aims to support older persons' abilities to remain in their homes through providing both practical help (e.g., cleaning) and personal help (e.g., personal hygiene). Such help is normally provided to an older person through visits by home helpers, who may visit the person several times during a day (and night). If care needs grow beyond a certain level, people may be offered a place in a nursing home. Unsurprisingly, Denmark has many times more nursing-home places per capita than Turkey (Spasova et al., 2018).

One Danish policy, relevant to the present study, is Section 94 of the Danish Social Service Act. This policy stipulates that an older individual who is deemed eligible for home help services may request to have the services carried out by a helper appointed by the care-eligible individual (a "self-appointed helper") rather than by the ordinary home-help staff. A municipal care manager (who assesses how much support an older individual is eligible for in the first place) then has to judge whether the proposed helper is fit to

undertake the allotted tasks. As the self-appointed helper's work is to replace the – generally quite brief – home helper visits, the allocated working time is often low.¹

Migration brings the care cultures of different countries (such as Turkey and Denmark) into contact. Oxlund (2018) posits that this contact leads immigrants to develop “*hybrid scripts of aging*”. To understand the nature of care in contemporary society, Oxlund calls for researchers to “...take an interest in the many different care arrangements that people engage with in a variety of (trans)national contexts” (p. 75). My analysis responds to this call, investigating how care in Turkish immigrant families in Denmark compares to the care cultures in the countries of origin and destination.

The analysis applies a life-course perspective. Elder (1994) divides this perspective into four central themes. These four themes are that 1) the meaning of age is a social phenomenon; 2) lives are linked or interdependent; 3) agency is a central feature of human lives; and 4) individual life courses are affected by the historical times and places in which they unfold. In this article, I focus particularly on themes 2 and 4 – on how the differently embedded life-course experiences of the interlinked older and younger generations in migrant families affect the ways such families negotiate and develop their “*hybrid scripts of aging*”.

4. Data, method and analytical approach

Combining data from two research projects, this article draws on interviews with 30 individuals from 22 Turkish² migrant families living in different parts of Denmark³. In 14 families, I interviewed one family member – for example an older mother or an adult daughter. In eight families, I interviewed two family members (in most cases together). This included combinations such as an older father with an adult son, a grandmother with an adult granddaughter, or two older spouses.

The interviews cover a range of different families. In some families, parents were in their late sixties, and as their care needs were negligible, interviews centred on present intergenerational exchanges, as well as on their thoughts on care should needs arise. In other families, older members had major care needs, and questions centred on the specific care provision from both family members and from public services. One reason for including families both with and without pressing care needs was to explore the breadth of – realized and imagined – approaches to care. Another reason was the fact that gaining access to migrant families with substantial care needs is often difficult (Bjerke, 2020). Informants were recruited through the author's network contacts as well as through employees in one Danish municipality. Interviews were semi-structured and included both specific questions regarding former and present care arrangements and a more exploratory approach to shed light on the topics that came up in the individual families.

The interviews were conducted by the author in either Turkish or Danish (or a mixture of both languages), depending on informant preferences. With informants' permission, all interviews were recorded digitally and subsequently transcribed. To protect informants' anonymity, they have all been given pseudonyms, and particular details in their narratives, for example medical diagnoses or the number of siblings in a given family, may have been altered. Table 1 below gives an overview of the interview participants.

The data were analysed in two steps. First, all interviews were read and re-read in conjunction with reading research on the topic of aging and/or migration. Second, after deciding to focus the analysis on hybrid scripts of aging in a life course perspective, I conducted a directed content analysis of the interviews (Hsieh & Shannon 2005). I coded on topics related to the life course, on how and why different families engaged in different types of care arrangements and on the challenges they experienced. This part of the analysis was supported by Nvivo 11 software.

1 According to Frericks et al, 2014, p. 74, self-appointed helpers averages just 3.7 hours per week. When individuals have substantial care needs, however, helpers may be allocated more hours, for example 20-30 hours per week (Ismail, 2021; Sparre & Rytter, 2021).

2 I use the word “Turkish” to denote country of origin and not ethnicity. A number of the informants indeed self-identified as being Kurdish.

3 To broaden the types of families included in the analysis, I include interviews with four individuals from two Turkish immigrant families with “self-appointed helpers”. These interviews stem from the project “AISHA – Aging Immigrants and Self-Appointed Helper Arrangements” (2017-2021), funded by the VELUX Foundation.

Table 1: Overview of informant characteristics

	Parent	Child / grandchild / child-in-law	Gender	Age	No. of old migrant(s) children	Education*	Employment
1	Pembe		Female	63	3	0 (T)	Pensioner
2	Sezen		Female	65	5	1 (T)	Pensioner
3	Hülya		Female	70	3	1 (T)	Pensioner
4	Pinar		Female	80	6	0 (T)	Pensioner
5	Savas		Male	66	3	4 (T)	Pensioner
6	Kahraman		Male	67	5	4 (T)	Pensioner
7	Musa		Male	80	4	1 (T)	Pensioner
8		Leyla	Female	32	4	5 (DK)	Full-time work
9		Nurten	Female	48	6	5 (DK)	Full-time work
10		Gül	Female	34	2	5 (DK)	Full-time work
11		Melek	Female	42	2	4 (DK)	Full-time work
12		Dilara	Female	39	9	5 (DK)	Full-time work
13		Ipek	Female	50	5	4 (DK)	Full-time work
14		Emel (grandchild)	Female	24	5	3 (DK)	Sick leave / student
15	Aylin, Ufuk		Female, male	78, 76	4	0 (T) / 0 (T)	Pensioner / pensioner
16	Defne	Zeynep	Female, female	70, 42	10	0 (T) / 2 (DK)	Pensioner / unemployed
17	Volkan	Mehmet	Male, male	76, 49	5	1 (T) / 4 (DK)	Pensioner / full-time work
18	Belgin	Sibel (grandchild)	Female, female	70, 26	1	0 (T) / 2 (DK)	Pensioner / unemployed
19	Fatma	Yusuf	Female, male	69, 48	3	2 (T) / 3 (DK)	Pensioner / early retirement pension
20	Miriam	Yildiz	Female, female	79, 50	7	0 (T) / 2 (DK)	Pensioner / information missing
21	Emin, Fatima		Male, female	92, 55	4 (first marriage) / 0	1 (T) / 0 (T)	Pensioner / unemployed (before becoming a helper)
22	Sevgi	Damla (daughter-in-law)	Female, female	75, 35	3	0 (T) / 2 (T)	Pensioner / unemployed (before becoming a helper)

Note: * Length of education is given on a scale from 0 to 5: 0 = no education; 1 = app. 5 years, 2 = app. 9 years; 3 = app. 12 years (for example, high school); 4 = app. 15 years (for example, teacher's education); 5 = app. 17 years (for example, doctor's education). "DK" and "T" indicate whether education was taken in Denmark or in Turkey.

5. Findings

5.1 Life course, language skills and intergenerational dependence

A first observation is that the variation between different families was considerable. In a small share of the interviewed families, older parents spoke Danish well and could navigate Danish society themselves. They were primarily "young-old parents", who often also had both more educational qualifications and only two to three children. In such families, the older migrants often pointed out that they expected to draw on public care provisions, rather than on family help, should the need arise (Liversage, 2023a), and they stated that they expected to align themselves with the Danish, rather than the Turkish, care culture.

In the majority of the families, however, the parents' Danish skills were poor, making it difficult for them to communicate with professional care workers. In such families, parents generally received substantial help from their children and other relatives. This section applies a life-course perspective to examine why these older immigrants had such poor Danish skills, considering that they had often lived in Denmark for forty years or more.

For most of the older immigrants, their life courses had begun in under-developed rural regions of Turkey. There, most of the older men received just five years of schooling, and many of the older women did not go to school at all, aligning to the general pattern found in this migrant generation (Hjarnø, 1988). When, as adults, these immigrants arrived in Denmark, most of the work they got was in unskilled positions with limited potential to learn Danish. Furthermore, no systematic tuition in the Danish language

was available. Pointing to the importance of this historic context of individual life courses (Elder, 1994), 70-year-old Hülya said the following:

The foreigners who arrive today go straight into a language course. But there was nothing of the kind when we arrived. Hence, we were set back. And some people are upset with the Turks, saying: “*They don’t speak the language*”. But there is nothing I would have wanted more than to learn it. But I did not have the chance.

The situation is very different for the adult children of the older immigrants. Having spent much, or all, of their childhood and youth in Denmark, almost all speak Danish fluently. Furthermore, they have been part of the Danish educational system, where nine years of education is mandatory for both boys and girls, and many have benefitted from the easy access to free further education. Hence, the younger generation is much better educated than their parents (see Table 1).

With such differences in skills, many of the younger interviewees said that – as is also seen in other immigrant groups (Bauer, 2016) – they had acted as translators and mediators for their parents since childhood. As 48-year-old Yusuf said:

I have been a translator for my mother since I was 12 years old. And not just for her – also for my father. And for my uncles, when they came to Denmark.

Children providing help and support for the generation above them was not something that began with the onset of old age. In the linked lives of the two generations, practices of help and support had developed over the course of a lifetime.

5.2 Transmission of norms of providing family support

The transmission of norms from one generation to the next may require active cultivation. In several families, I heard of parents having told stories of care for older family members in Turkey – a practice also noted in De Tavernier & Draulans (2018). For example, 48-year-old Yusuf related how his father had often told his children about how he – as a young and recently arrived labour migrant – had returned to Turkey for two years. He had done so because his mother (i.e., Yusuf’s grandmother) ... “*was bedridden, and could not walk. So, he [=Yusuf’s father] carried his old mum around on his back... And many times I have heard him say: ‘Your children will do the same for you, as you do for me. If you take good care of me, your children will do the same’*”. Yusuf’s father thus used this example from his own life to seek to impress upon his son the importance of providing upward intergenerational support.

Several of the younger interviewees told that norms of family care for parents had indeed been transmitted successfully. In fact, they considered care so important that not caring could be considered as having “*failed*” as a child. One 34-year-old daughter, Gül, whose parents were in their mid-sixties and in good health, explained this attitude in the following manner:

We grew up with it: this culture that says that, if your parents end up in a nursing home instead of you looking after them, you have failed. And it might well be that they would get better help in a nursing home than living with me and my husband, as we are both very career-oriented, and out of the house much of the time. But nevertheless, I can just feel that a nursing home is not an option.

Installing older parents in a nursing home can be considered the epitome of not providing intergenerational support. A reluctance to use such homes in ethnic minority families has been documented in studies from Sweden (Songur, 2019; Stroh et al., 2022), and from other geographical contexts (Ahaddour et al., 2018; Albertini & Mantovani, 2021; Greenwood & Smith, 2019). Research from Denmark documents that, in some immigrant families, adult children end up developing rotational care schemes to keep old parents out of nursing homes. In such families, an older parent suffering from dementia, for example, moves between the homes of different children according to a set schedule (Nielsen et al., 2020).

Dilara, who is 39 years old, explained how her mother openly sought to impress obligations to provide attention and support in her nine children:

If none of us [siblings] visit, she [= the mother] will make sure to call and make us feel guilty... She says: “*Nobody visits, nobody comes to our door – and if we die, nobody will notice that we are dead*”. It is as far out as that.

Dilara continues to explain that when she and her siblings help her parents a lot, it is also because of ... “*that conscience we have had imposed upon us all our lives. That you ARE responsible [for providing care]*”. The high Turkish expectations that children care for their parents (Celik et al., 2018) thus seem to live on in the post-migration context.

5.3 *Negotiating a care mix: saying yes – or no – to public provision of care*

While adult children often underscored that caring for older parents was important, and while they often took on considerable care duties, they also talked about how such duties could be a strain, especially when adult children had careers and families of their own. Such a strain generally intensified when the health of older family members deteriorated, which could make the need for including public support more pressing. In such cases, the older immigrants’ views on public support could contribute to shaping how the families’ “*hybrid scripts of aging*” developed.

In some families, adult children wanted to include public care provisions, but older parents rejected the public home help. One case was Yusuf’s partially paralyzed father, who... “*won’t let the home help bathe him or help him or anything*”, placing a severe strain on Yusuf’s mother, his main care provider. Another example of an old immigrant rejecting public care comes from Dilara’s 72-year-old mother:

After an operation, my mother was offered someone [from the home help] who would come and vacuum. But when a man stood at the door, about to vacuum her apartment, she thought it was totally strange. She didn’t want that. So she kicked the poor man out. And then we [the children] sort of had to do it. We had to vacuum, and we had to call the municipality and cancel the home help.

While Dilara was not pleased with the extra work that her mother’s rejection of home help entailed, she and her eight siblings nevertheless accommodated their mother. Their ability to help out was tied to the historical time and place of the lives of older immigrants (Elder, 1994) who typically had many children. In the late 1960s, when many of the older immigrants started having children, Turkey had not yet gone through the first demographic transition. Consequently, at the time, Turkish families on average had six children (World Bank, 2022). In the 22 families in this study, the older immigrants had, on average, 4.5 children – more than double the Danish average of app. two children.

According to several other interviewees, older parents do not always say no to public help because they prefer help from their family, but because the public sector is not particularly well geared to meet the needs of immigrant families. One example of this is 80-year-old Mert, whose 79-year-old wife Miriam had been taking care of him since he had suffered a brain haemorrhage a decade earlier. As Mert had difficulties remembering – including whether he had eaten recently – his wife had to constantly limit his intake of calories. His memory problems also made Mert unsure of where he was, making him constantly ask: “*Is this Turkey or Denmark?*” To aid their father (as well as their mother, who was being worn down by her husband’s incessant questions), the children had put up a sign in the living room that said “*This is Denmark*”.

I visited the old couple with their 50-year-old daughter Yildiz, who was one of seven children. Even though Yildiz and the other siblings visited regularly, they felt that their parents needed more support from the public home help service. Mert received brief home help visits twice a day, but the family was dissatisfied with these visits. As Yildiz explained:

Look, the home help was just here. My father won’t take his medication, so the home help should give him his pills. But they just leave the pills. And my mother is old. She cannot make sure he takes them. That should be the responsibility of the home helper.

Yildiz also said that they wanted their father to be picked up daily to participate for a few hours in activities at a nearby day centre – this was also to give their mother some respite. They had, however, been unable to access these services. They felt unsure of whether the lack of help was caused by the family’s

limited understanding of the “Danish system”, or whether the municipality was deliberately trying to ignore the family’s needs in order to save money. As Yildiz understood the situation: “*They pile a lot onto us because we are foreigners. And we are proud. And because there is so much resentment towards us foreigners, we don’t want to be demanding*”.

As the share of older citizens in Denmark is growing, provision of home help has gradually been reduced due to concerns over public expenditure (Fredslund, 2021; Rostgaard et al., 2022). We cannot know whether this particular family’s sense of not getting adequate support is indeed associated with their immigrant background. However, research points out that ethnic minorities may face particular difficulties in accessing services (Hovde et al., 2008b; Stroh et al., 2022), and calls for public services to improve their ability to address the varied care needs of an increasingly diverse population (Brandhorst et al., 2021; Greenwood et al., 2015). More varied types of care could also reduce the number of older immigrants who reject the care provisions offered.

5.4 One care mix solution – utilising the “self-appointed helper scheme”

Some older immigrants are more likely to accept public care provision if it is combined with family care provision. Such a combination could be a relative becoming a “self-appointed helpers” (Section 94 of the Danish Social Service Act). However, the employment conditions of such helpers are generally quite unfavourable: many are only employed for 5-10 hours a week, the hourly pay is low and they are not eligible for pension. Depending on the policy of the municipality, helpers may also be deducted for hours if the care recipient is admitted to hospital, and their contract may be terminated on the day the care recipient dies (Rytter et al., 2021).

Such unfavourable employment conditions contribute to explaining why Section 94 is rarely used. In all of Denmark, there are only around 2400 self-appointed helper arrangements in eldercare (Rytter, 2022). In Denmark’s fourth largest city, Aalborg, out of approximately 8500 home-help recipients only around 60-65 used the Section 94 scheme (Frericks et al., 2014, p. 74). Immigrants seem to make up a disproportionate share of the section 94 users (Frericks et al., 2014; Rytter et al., 2021). In line with this, a 2015 count in the municipality of Copenhagen showed that while only 13 per cent of individuals 65 years and older had an immigrant background, they made up more than half of the 315 families who had a self-appointed helper (Copenhagen Municipality, 2015, p. 22)⁴. In the next section, I present two Turkish immigrant families who used the self-appointed helper scheme to provide family care.

5.4.1 A daughter-in-law caring for her mother-in-law

In one family, the 35-year-old daughter-in-law, Damla, had become a self-appointed helper for her 75-year-old mother-in-law, Sevgi. The arrangement had been instigated two years earlier, when numerous physical ailments had made Sevgi eligible to receive home help. Sevgi, however, refused to receive help from the municipal home helpers, with whom she could not communicate. At that time, Damla was unemployed after having lost her job as a cleaning assistant. Having arrived as a marriage migrant to Sevgi’s son a decade earlier, Damla had a limited command of Danish and few marketable skills. Hence her other options in the Danish labour market were poor. As a marriage migrant, Damla had also been socialized into the Turkish culture of care. This implied that while growing up Damla (and her parents) “*took care of my old grandma. She lived with us. I bathed her, cut her nails, gave her a massage – so I had experience [of caring for older relatives]*”.

From friends at the local language school, Damla learned about the existence of the self-appointed helper scheme. The whole family agreed to the solution and contacted the municipality, after which Damla was hired for 25 hours a week.

In the beginning, Damla had to commute to the neighbouring municipality where her mother-in-law lived. The family then decided that it was better if Sevgi moved in with her son, daughter-in-law and grandchildren, as doing so would both make support provision easier and save money on the mother’s rent. They thus came to live as a “culturally ideal” three-generational family, where an old parent lives with a

⁴ National figures show that there are 1,135,100 Danes and 34,600 immigrants from non-Western countries aged 65 or above. Hence non-Western immigrants make up only three per cent of older individuals in Denmark (www.statistikbanken.dk, accessed 01.11.2022). Statistics Denmark define “non-western immigrants” as individuals born in countries outside the global north.

married son (Aytaç, 1998). Eight per cent of the 65-to-74-year-old immigrants from Turkey live in such family arrangements, which are almost non-existent in the Danish majority (Liversage, 2019).

When Sevgi moved, however, the new municipality re-evaluated the Section-94 arrangement, and reduced Damla's weekly working hours from 25 hours to just 10 hours. The case exemplifies the wide differences between the assessments of needs in different Danish municipalities (Rytter et al., 2021). The reduced hours led to a decrease in Damla's pay, but the family managed to get by, albeit with considerable economic difficulties. Prioritising family care, the arrangement enabled Damla to be at home and take responsibility for her old mother-in-law.

5.4.2 A marriage-migrant wife caring for her much older husband

Another example of a Section-94 arrangement was that between the 92-year-old husband Emin, and his second wife, the 55-year-old marriage migrant Fatima. This care arrangement had not been instigated by Emin and Fatima or by the municipal care manager. Instead, the idea had come from the local job centre – an institution tasked with ensuring that recipients of social welfare support participate in, for example, courses and job placements, rather than remain idle. Fatima, who was illiterate and had few marketable skills, had not been in ordinary employment for years and was receiving social benefits. When the job centre told her that she had to participate in scheduled activities, she said that she was unable to leave her old husband alone. For his part, Emin had previously rejected help from the ordinary municipal home-help staff. As a result of Fatima becoming a self-appointed helper, some of the care she was already providing became “real (paid) work”, exempting her from the otherwise mandatory job centre activities. Fatima's case thus exemplifies how Section-94 arrangements may come about due to a complex legal and institutional interplay, rather than due to the specific wishes of immigrant families.

In both the cases outlined above, the Section-94 arrangement included an older migrant with poor Danish skills who refused to receive the public home help offered and a younger female family member who was already marginally positioned in the Danish labour market. Another similarity is that, when one family member became a self-appointed helper, it made life easier, not only for the older migrant but also for other (and generally more resourceful) family members, as one person had been designated with the main care responsibility⁵.

Interviews from an ethnically diverse sample of ethnic minority families with self-appointed helper arrangements show that not only the limited Danish skills of older immigrants, but also their rejection of public help and the presence of a younger woman with few marketable skills characterize many of the ethnic minority families who have Section-94 arrangements. In some other families, however, helpers have good qualifications and either leave full-time employment to provide care or find ways to carry on working alongside their care duties (Ismail, 2021; Rytter et al., 2021). Overall, the more common use of this policy in immigrant families points both to a preference for family care and to such families being more marginally placed in the ordinary Danish labour market.

5.5 Gendered care provision straining women

When families provided care themselves (sometimes due to parents rejecting public help) it raised the question of who was to do the work. This brings us to the topic of gender. In the interviewed families, it was evident that women shouldered most of the care work. Part of the work was about organising and coordinating. As the 34-year-old daughter Leyla explained about her family:

We, the siblings, have a coordinating messenger group. My sister has my father's “NemID” [code card giving access to emails from public authorities]. So, she checks whether there is a letter telling him about a doctor's appointment or something.

In 39-year-old Dilara's nine-sibling family, the oldest sister did most of the translating – a role she had retained since childhood:

5 Research show that adult children may help an old widowed or divorced father with poor health marry a younger woman abroad. After arriving in Denmark as a marriage migrant, such a woman may become a self-appointed helper, providing care for her ill husband in a culturally sanctioned way. Such wives/carers may find themselves in very isolated and difficult life circumstances (Liversage & Ismail, 2022).

My mum always calls my oldest sister first. And in 80 per cent of the cases my sister goes with her [to the doctor, for example] – because she is home on sick leave. So, she sort of has the time. And if she can't, she pushes the task downward, so to speak.

Because the older sister is on sick leave, she is flexible and can accommodate her parents, which would be more challenging had she been working full-time⁶. Nevertheless, Dilara still contributed to family care provisions – and doing so could be demanding due to her busy life with a career job and a family of her own. As she said about this type of situation:

People have school-age children. And work. And have to get home and take care of the kids – homework and activities. All the things where you have to drive the children. There are a lot of things that do not add up unless you are a housewife.

Another daughter in full-time employment described a similar experience:

It is irritating [to support a 79-year-old mother] – it is! Because you have your own life, and children, and it's hard to find the time – because she doesn't speak the language. Honestly – it's a drain. Because in the first place, you don't really have time for this, that and the other! ...But at the same, you feel bad [for being irritated]. Because it is your mother". (Melek)

Dilara's and Melek's statements indicate that norms of filial responsibility have been transmitted to the younger generation with at least partial success. Their quotes also point to the challenges of trying to live up to such expectations in Denmark: On the one hand, the lives of these daughters are inextricably linked to the lives of their parents, to whom they owe support. On the other hand, the two women not only work full-time, but they also participate in the rather time-consuming "concerted cultivation" (Lareau, 2003) of their own children, commonly seen in the Danish middle class. Fulfilling all these expectations is difficult.

While Dilara's family was large, other families were smaller, putting more strain on single individuals. An example comes from my interview with a 70-year-old grandmother, Belgin, and her 26-year-old grandchild, Sibel, who lifted an unusually large care load. Sibel's mother – Belgin's only daughter – could not provide help due to serious health issues, and Sibel (who had no siblings) helped in her mother's place. Asked why none of Belgin's three adult sons, or any of their children (Sibel's cousins) helped out, Sibel told the following:

Maybe because I think I am Batman and Superman... It is also my upbringing – maybe a bit too much. Sometimes I can get cross at the others and think: "Why me?"... Other times I think that it's easier just to say yes [to a task]. Otherwise, I feel guilty if nobody else does it.

In international comparison, gender differences in care provision are quite small in Danish families (Haber Kern et al., 2015), whereas in Turkey, more than 80 per cent of caregivers are female (Adaman et al., 2018: 8). The strongly gendered pattern found in Turkey seemed to contribute to it being women (including a granddaughter such as Sibel) who felt obligated to providing family care, and hence experienced the brunt of the care strain.

Sibel also told that she resented other family members for not helping out. Such resentment as well as family conflicts could intensify if reality put family ideals of shared care provision to the test. A 48-year-old daughter, Nurten, talked about how she felt very disappointed by some of her siblings when her mother recently fell ill:

We [siblings] were all confronted with the expectation that: "Sure, I will take care of mum and dad one day". Because we started arguing – and how! "Why should the one [do it] and...?" Oh, my gosh! A totally different reality showed its face. And it really disappointed my mother.

6 Statistics show that the employment rate of Turkish immigrant women in the 16-to-64-year age group is 46 per cent (Mealor, 2020, p. 16), falling about halfway between the female employment rates found in Turkey (26 per cent) and Denmark (76 per cent). The employment rate of daughters born in Denmark is gradually approaching the employment rate of Danish majority women (DST, 2020).

While often socialized to value family care, not all family members stepped up and helped out when care became a pressing need. Instead, individuals (overwhelmingly women) could feel left in a strenuous care arrangement with too much responsibility and too little family support.

5.6 Variations and changes in “hybrid scripts of aging”

The “*hybrid scripts of aging*” seemed to develop in a variety of ways in different families. Overall, most of the interviewed families placed substantial importance on upholding norms of filial support. This pattern aligns with a high level of family solidarity in Turkish immigrant families. A survey study comparing multi-generational Turkish migrant families in Western Europe with comparable families who never emigrated from Turkey shows that intergenerational solidarity tends to grow stronger, rather than weaker after migration. Thus, these survey data do not support a process of “...*acculturation to the Western (welfare) context of weakening intergenerational solidarity*”, but rather “...*an intensification and strengthening of strong intergenerational ties*” (Baykara-Krumme & Fokkem a, 2019, p. 1722).

In contrast to how they were supporting their parents at the time of the interview, several of the interviewed adult children stressed that they would certainly not burden their offspring if they, themselves, came to need care later in life. As 48-year-old Yusuf put it:

If I get as old as my Dad, I would want the luxury of a care home. There you have professionals caring for you. I also think you get a better relationship with your family when you are not a burden to them.

Not all children held such a view, however. Another adult son – 49-year-old Mehmet – expressed the following view:

I think it’s a good thing to take care of your parents. And I tell that to my children, too: That if you do it, it is also an investment in the future... We saw our grandfather and grandmother [being cared for by family in Turkey]. And now we take care of my father and mother in the same way. And, Inshallah [=God willing], our children will do the same. It is a healthy tradition, which we hope will continue.

A central difference between these two adult sons was that Yusuf himself (who had one brother and one sister who both worked full-time) was highly involved in care provision and felt personally strained by it. In contrast, Mehmet lived in an extended family. Corresponding to the strong gendering of care in Turkey, Mehmet’s wife, as a daughter-in-law, provided most of the care and support. Where Mehmet hoped that a family-based Turkish care culture could be retained in Denmark, Yusuf felt that a transition towards the Danish care culture was preferable. While presently often supporting older parents, the majority of the interviewed adult children (as well most of the “young-old” parents), shared Yusuf’s views. It thus seems likely that the present preference for family care (and relatively low up-take of public care provisions) will change in the years to come. Contributing to such a gradual change is also the fact that, in the future, the Danish skills of older immigrants are likely to be higher as compared to the situation observed today.

6. Limitations

This study has a number of limitations. Firstly, the inclusion of both young and older family members, as well as families both with and without major care needs, limits the depth in which different sub-topics can be explored. Secondly, as this study has used network recruitment, it does not include isolated older migrants who do not get help and support from their children⁷. Hence, the experiences of such migrants – who depend greatly on public care provisions that they might have difficulties accessing – are not present in the empirical material. A third limitation concerns the type of data. In the interviews, the participants may present both their general family situation and their own actions in a positive light. Ethnographic in-depth studies in individual migrant families would most likely generate a different, and more complex,

⁷ See Liversage (2023b) for the life story of a man from Turkey without contact to his children in old age.

perspective on family dynamics and provision of care. Gaining access to doing such fieldwork may, however, be very difficult (Bjerke, 2020).

7. Discussion and conclusion

Based on interviews with 22 Turkish immigrant families in Denmark, this article has explored different approaches to care for older members, and the relative importance of both the family-based Turkish care culture, and of the Danish care culture in which public provision of support plays a central role.

The analysis shows, firstly, that the life courses of the older parents play an important role in the hybrid scripts of aging that the families develop: The spatio-temporal embedding of the older parents' life courses has resulted in their having both low educational qualifications and limited host-country language skills. The latter factor seems centrally implicated in the older immigrants' reliance on family support rather than on host-country care provision (Denktas, 2011; Songur, 2019; Stroh et al., 2022).

Secondly, as strong Turkish norms of filial responsibility seem to have been successfully passed on to many immigrants' children (Baykara-Krumme & Fokkema, 2019), the older immigrants often have access to family support. While adult children may express support for upholding such norms of filial support, they may also experience both inner feelings of guilt and outer social pressure if they do not help out (De Tavernier & Draulans, 2018).

Thirdly, provision of family care may also be facilitated by specific family characteristics. In addition to many older Turkish migrants having a relatively high number of children, the majority of their children who came of age in the 1980s and 1990s also married migrant spouses. These spouses left their own parents behind in Turkey, increasing the family care labour available to the older immigrants in Denmark (Liversage, 2017).

Fourthly, for linguistic and other reasons, families may feel excluded from access to public help – a situation which may also strengthen norms of, and needs for, family care provision. Such exclusionary processes are affected by ongoing processes of retrenchment of Danish public services (Rostgaard et al., 2022).

The analysis also showed that when the care needs of older immigrants increase due to failing health, provision of family care can be strenuous in a post-migration context in which many female family members are in employment. This situation may lead to stress, may increase family tensions over care provisions and may result in older family members receiving inadequate care. Some families managed to include public home-help support with varying degrees of success. A small number of migrant families do so through utilising a Danish care policy (the “self-appointed helper scheme”) that enables a family member to be remunerated for the tasks that public home helpers would otherwise perform. While doing so is one way of integrating elements from the Turkish care culture with the Danish care culture, the approach may also further marginalize women who are already precariously positioned in host country society. Danish municipal care managers seem aware of such risks, making some of them reluctant to hire especially young ethnic minority women as self-appointed helpers (Sparre, 2021).

Overall, this study shows that when scripts of aging become hybrid and undergo change (Oxlund, 2018) country-or-origin norms and practices may continue to hold considerable importance. With their different life-course experiences compared with the parental generation, older migrants' adult children speak Danish fluently, and on average have both more education and fewer children. Such factors may all contribute to expectations regarding care in old age moving from the Turkish, and towards the Danish, care culture (Denktas, 2011). Hence, the extensive family care, which can be observed in some Turkish migrant families in Denmark today, can well be a transitory phenomenon.

Data availability statement

The author elects not to make data available due to interviews containing information that could compromise the privacy of research participants.

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Information in German

Deutscher Titel

Eine herausfordernde Verantwortung – die Pflege älterer Angehöriger in Familien mit türkischem Migrationshintergrund

Zusammenfassung

Fragestellung: Dieser Artikel untersucht die Pflege älterer aus der Türkei immigrierter Personen im dänischen Wohlfahrtsstaat. Hierbei wird ein spezifischer Fokus auf die Unterstützung durch Familienangehörige gelegt.

Hintergrund: Die erste Generation der nach Europa eingewanderten Arbeitsmigranten und -migrantinnen erreicht derzeit das Rentenalter. Während die Forschung zum Zusammenhang zwischen Immigration und Altern in den letzten Jahren zugenommen hat, ist das Wissen darüber, wie die Pflege älterer Immigranten und Immigrantinnen erbracht wird, noch sehr begrenzt. An dieser aktuellen Thematik setzt dieses Forschungsvorhaben an.

Methode: Der Artikel basiert auf Interviews mit 30 Personen – ältere Eltern, Kinder, Enkelkinder – aus 22 Familien, in denen zum Teil ältere Personen mit akutem Pflegebedarf leben. Zwei der Familien nutzen eine Form der dänischen Pflegepolitik, die es Familienmitgliedern ermöglicht, für die Erbringung spezifischer Pflegeleistungen von den Kommunen bezahlt zu werden.

Ergebnisse: Die Daten zeigen, dass in viele Familien sowohl ältere als auch jüngere Familienmitglieder die Erbringung von Pflege für Angehörige als sehr wichtig erachten. Der Bedarf an familialer Pflege wird durch die oftmals begrenzten dänischen Sprachkenntnisse der älteren Immigranten und Immigrantinnen verstärkt, da diese nicht oder nur sehr begrenzt in der Lage sind, mit dänischen Pflegekräften zu kommunizieren. In einigen Familien lehnen die älteren Familienmitglieder eine staatliche Pflegeversorgung auch ab, wodurch sich ihr Bedarf an Unterstützung durch Angehörige weiter erhöht.

Schlussfolgerung: Während das Vorhandensein großer familialer Netzwerke die Erbringung familialer Pflege durch das Aufteilen von Aufgaben ermöglichen kann, können familiäre Verantwortungen im Kontext der dänischen Gesellschaft, in der ein Doppelverdienermodell vorherrscht, auch eine große Herausforderung darstellen. Primär pflegende Angehörige sind zumeist weiblich. Für diese Frauen kann die Erbringung von familialer Pflege zur weiteren gesellschaftlichen Marginalisierung beitragen und ihre vulnerable Position verstärken.

Schlagwörter: Altenpflege, familiale Pflege, Migration, Generationen, intergenerationale Beziehungen

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