REPORT

Care Culture in Türkiye

Norms, Rituals and System Change

ihtimam

AUGUST 2026

Care Culture in Türkiye - Report
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Introduction

Care is often discussed through the lenses of love, sacrifice, and family responsibility. Yet care is not simply a matter of individual goodwill. It also encompasses the often invisible labour, relationships, and responsibilities that make everyday life possible.

Research on care in Türkiye has largely focused on services, policies, and the distribution of care work. These are important questions. However, understanding why care continues to be concentrated on particular individuals requires us to ask another question: how is this arrangement continuously reproduced?

Care is shaped not only through institutions and policies, but also through the norms, expectations, and routines that are repeated in everyday life. Who is called first in times of need, who silently assumes responsibility, who gives up their time, and whose role as a caregiver is taken for granted all form part of the often invisible culture of care.

This report is an exploratory study of the cultural norms and everyday practices through which care is organised in Türkiye. Our aim is not to replace existing research on care, but to complement it with a cultural perspective. Why is care organised in the way it is today? Which assumptions sustain the current arrangement? And where are signs of change beginning to emerge?

Rather than the outcome of a systematic field study, this report is grounded in cultural analysis informed by observation. Drawing on the field experience of İhtimam Association, the lived experiences of caregivers, and existing literature, we seek to make visible the norms, expectations, and everyday patterns that shape care culture. The norms and rituals presented in this report are not derived from a representative sample; instead, they emerge from recurring observations, experiences, and testimonies.

Our goal is not to represent every care experience in Türkiye, but to name and open for discussion the dynamics that often remain unseen. We hope this report contributes to ongoing conversations about how care can become a more visible, shared, and collectively valued part of social life.

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Cultural Norms and Rituals Shaping Care in Türkiye

When trying to understand how care is organised, we often focus on services, institutions, and public policies. Yet a significant part of care takes shape within the routines of everyday life, often without being noticed. Who is the first to leave the table, who remembers medication schedules, who keeps track of medical appointments in the family group chat, or whose role as a caregiver is taken for granted—these seemingly small repetitions continuously reproduce how care responsibilities are distributed and who is expected to carry them.

For this reason, this report approaches culture not simply as a collection of values, beliefs, or traditions, but as a set of expectations, behaviours, and relational practices that are repeatedly enacted in everyday life. Care is shaped not only by policies or individual choices, but also through cultural patterns that are perceived as natural and therefore rarely questioned.

Drawing on the field experience of İhtimam Association, the lived experiences of caregivers, and a review of existing literature, several recurring patterns emerge in the organisation of care in Türkiye. The norms and rituals presented in this section do not claim to represent all care experiences. Rather, they aim to make visible how care is experienced in everyday life and how it is continually reproduced through cultural assumptions and social expectations.

In the following pages, we explore two interconnected dimensions of care culture. The first consists of the cultural norms that shape how care is understood, valued, and assigned. The second concerns the everyday rituals through which these norms are enacted, reinforced, and passed on across generations. Together, they offer a lens for understanding how care is organised beyond formal institutions and policies, within the ordinary practices of daily life.

A Note on Whose Experiences These Norms Reflect

While this report engages with multiple forms of care, this section focuses primarily on women's experiences of caregiving. This is because care work in Türkiye continues to be carried out predominantly by women, and the cultural norms surrounding care often become most visible in women's everyday lives. The norms discussed below therefore offer an entry point for understanding the gendered dimensions of care.

At the same time, these norms do not operate in the same way for all women. Experiences of care are shaped by the intersection of economic, cultural, social, and symbolic resources with factors such as age, social position, geography, ethnicity, disability, migration history, and sexual orientation.

For women living in rural areas, care responsibilities are often distributed across wider kinship networks; however, this distribution can make care work less visible rather than less burdensome. In low-income households, care is frequently sustained without adequate access to public services or economic security. Single mothers often carry the economic, emotional, and temporal responsibilities of care largely on their own, intensifying the demands placed upon them. Migrant and refugee women frequently provide care both within their own households and in the homes of others, carrying multiple layers of care responsibility. Kurdish women and women from ethnic minority communities may face linguistic barriers and unequal access to services, while LGBTQ+ individuals and their households can find themselves excluded from both formal and informal support networks because they fall outside dominant family-based care norms. Disabled women, meanwhile, often encounter a double invisibility, at times occupying the positions of both caregiver and care receiver.

This report does not seek to represent the full diversity of care experiences in Türkiye. Rather, it offers an analytical framework designed to make visible recurring patterns that appear across different lived realities. For this reason, we invite readers to approach each norm with an additional question in mind: Whose experience does this norm make visible, and whose experience does it leave unseen?

Note: At İhtimam Association, we do not understand care as something limited to relationships between people. We also consider the relationships of care we maintain with animals, non-human life, the environments we inhabit, and the ecosystems on which we depend to be integral components of care culture. However, because the focus of this report is on the cultural norms and rituals shaping interpersonal care relations in Türkiye, our analysis is primarily confined to this dimension of care.

Understanding Care Culture: Culture, Norms, and Rituals

In this section, we examine care culture through three interconnected concepts: culture, norms, and rituals. Together, these concepts help us understand how care is reproduced in everyday life, why it continues to be concentrated on particular individuals, and why change is often more difficult than it appears.

Culture

The bigger picture: recurring behaviours, expectations, and ways of relating in everyday life.

Culture is not only about what people believe; it is also about ways of living that become naturalised and taken for granted over time. The belief that care should primarily be provided within the family, the assumption that women are inherently more caring or nurturing, or the idea that caregiving is simply an expression of love are all elements of care culture. These assumptions create the broader framework that shapes who is expected to provide care and under what conditions.

Norm

An unwritten expectation: "Who should do it?"

Norms are the unwritten rules that define what is expected from whom within a society. Expectations such as daughters being primarily responsible for ageing parents, men's care work being described as "help," or caregivers being praised for putting their own needs aside are examples of care norms. These norms shape how care responsibilities are assigned and understood.

Ritual

The everyday enactment of a norm: "How is this expectation reproduced day after day?"

Rituals are the repeated practices through which norms are enacted and reinforced in everyday life. The same person consistently organising medical appointments, keeping track of medication schedules, getting up first to clear the table before guests leave, or being the first person contacted whenever a care need arises—these recurring actions continually reproduce care culture. Through repetition, they make particular expectations feel natural, ordinary, and unquestioned.

Cultural Norms Shaping Care

Social norms consist of shared assumptions about what is considered natural, ordinary, and expected within a society. In the context of care, these norms influence who is seen as responsible for providing care, what is expected of caregivers, how care work is valued, and how people are expected to respond when care needs arise.

The norms presented below aim to make visible some of the recurring cultural patterns that shape the organisation of care in Türkiye. While they do not apply equally to everyone or in every context, they continue to influence how care responsibilities are distributed, recognised, and experienced in everyday life.

Care Is Considered a Woman's Natural Responsibility

Norm: Care continues to be seen largely as a woman's responsibility. Women's caregiving is regarded as natural, while men's involvement in care is often described as "helping."

Everyday Manifestations

- The person who notices that the refrigerator is empty, that a child has outgrown their shoes, or that medication is about to run out is most often a woman.
- When a care need arises, the first person considered within the family is usually the woman who is perceived as the most available or the most suitable.
- When women consider changing jobs or making career decisions, the question "Who will take care of the child?" often comes up. The same question is asked of men far less frequently.
- As care needs increase, families often look for the person perceived to have the greatest availability. In practice, this responsibility frequently falls on single women, retired women, or women who are not engaged in paid employment.

Cultural Consequence: As long as care is understood as a natural responsibility of women, care work remains invisible, undervalued, and rarely recognised as a form of expertise or skilled labour.

Men Are Exempted from Care Responsibilities

Norm: Men's limited involvement in caregiving is often treated as a matter of individual choice. In reality, however, it cannot be explained by personal preferences alone. Masculinity norms, institutional arrangements, and social expectations systematically reproduce the idea that men are not primarily responsible for care.

Everyday Manifestations

- Fathers who actively care for their children are often praised for their involvement, while mothers performing the same tasks are simply meeting what is already expected of them.
- When men participate in caregiving and make minor mistakes, they may respond with comments such as "I'm not good at this, you handle it," effectively shifting responsibility back to women.
- Following the birth of a child, it is often assumed that caregiving responsibilities will be taken on primarily by the mother, while fathers' involvement is framed as a supportive contribution rather than an equal responsibility.[1]

Cultural Consequence: The exemption of men from caregiving responsibilities does more than create an unequal distribution of care work. It also limits men's emotional lives, their close relationships, and the forms of connection they can build through caring for others. A more equitable sharing of care not only reduces the burden carried by women, but also creates opportunities for men to participate more fully in the transformative experience of care.

Care Is Considered a Family Responsibility

Norm: In Türkiye, care is widely understood as a responsibility that should be addressed primarily within the family. When a care need arises, the first question is often, "Who in the family will take care of it?"

Everyday Manifestations

- When access to childcare or care services is limited, the first solution that comes to mind is often not public support but a grandmother, aunt, or another female relative.[2]
- When residential or institutional care is considered for an older family member, it is often met with reactions such as, "How could we do that? We'll take care of them at home."
- The assumption that "the state is not going to help anyway" can discourage people from considering solutions beyond the family from the outset.
- When a disabled family member requires support, the expected solution is often not to seek professional care services but for a family member to take on the responsibility.[3]
- Employees who need time off to care for a child or an ill relative may find it difficult to request leave, leading care needs to be addressed through personal sacrifice rather than institutional support.[4]
- When a hospital stay is required, it is often taken for granted that a family member will act as a caregiver or companion, with a significant portion of care being provided by relatives rather than healthcare institutions.[5]

Cultural Consequence: Care becomes framed not as a public right but as a private family matter to be managed within the household. As a result, public responsibility for care becomes less visible, less expected, and less frequently demanded.

Care Is Expected to Be Silent and Self-Sacrificing

Norm: In Türkiye, caregivers are often expected to provide care without expressing exhaustion, without complaining, and without expecting anything in return. Quietly setting aside one's own needs and limits is frequently seen as a sign of "good care," and this self-sacrifice is often treated as a marker of being a "good mother" or a "good child."

Everyday Manifestations

- Instead of saying "I'm exhausted," people often say, "I'm managing."
- When caregivers express a need for rest, they may hear responses such as, "But you're the mother."
- Asking for support can create feelings of guilt, as if one is failing to provide care adequately.
- When caregivers want to rest, spend time outside the home, or attend to their own needs, they often postpone these activities because they cannot find someone to take over their caregiving responsibilities.[6]

Cultural Consequence: Care crises often remain invisible. Problems are interpreted as shortcomings in the caregiver's individual capacity rather than as failures of the care system itself. When caregiving becomes so deeply intertwined with identity, sharing or stepping back from care can feel like giving up a part of oneself.

Caregivers' Time Is Treated as Invisible

Norm: In Türkiye, caregivers' time is often treated as if it were an unlimited and flexible resource. While the hours spent providing care are taken for granted, the caregiver's need for rest, social connection, or personal time is frequently pushed into the background.

Everyday Manifestations

- For many women, the working day does not end when they return home. It continues through cooking, childcare, caring for an older relative, or managing household responsibilities.
- Caregivers often postpone meeting friends, resting, or attending to their own health and wellbeing.
- Phrases such as "I never have any time for myself" or "I don't know where the day went" are common parts of caregivers' everyday experiences.
- Although individual caregiving tasks may seem brief when viewed separately, together they can occupy a significant portion of a caregiver's day.[7]

Cultural Consequence: When the time spent on care remains invisible, the true cost of care also becomes invisible. This can lead not only to exhaustion but also to a form of time poverty, reducing the time available for rest, education, career development, social participation, and personal wellbeing.

Children's and Young People's Care Work Is Treated as Invisible

Norm: In Türkiye, care is often understood as an adult responsibility. As a result, the caregiving tasks undertaken by children and young people are rarely recognised as care work. Instead, they are often framed as helping the family or learning responsibility.

Everyday Manifestations

- A child may care for a younger sibling after school, take on household tasks, or regularly support an older family member.
- In households where a parent is ill, where there is a single parent, or where families face economic hardship, children and young people may assume caregiving responsibilities that are not age-appropriate.
- Within families, these situations are often described through phrases such as "What a mature child," "They help their family," or "Their older sister/brother looks after everyone." The care work involved is rarely recognised as care.[8]

Cultural Consequence: When the care work carried out by children and young people remains invisible, its effects on education, social participation, and wellbeing also remain hidden. As a result, the needs and rights of young carers often go unrecognised, while support and protection mechanisms are designed without taking their experiences into account.

Paid Care Work Is Treated as Invisible

Norm: In Türkiye, care is often discussed primarily in relation to unpaid work carried out within families. Yet childcare, elder care, care for people with illnesses or disabilities, and domestic work are also paid occupations through which many people earn their livelihoods. Despite this, such labour is often viewed not as care work but as domestic help or informal assistance.

Gündelik Hayattaki Yansımaları

- Domestic workers, care workers, and home-based caregivers are often referred to as "helpers," "aunties," or similar informal titles rather than being recognised as skilled care professionals. [9]
- When care services are purchased, discussions tend to focus on whether care needs are being met, while the working conditions, rights, and wellbeing of the person providing that care receive far less attention.
- Domestic and care work are frequently perceived as temporary, informal, or supplementary forms of employment, and the knowledge, experience, and expertise of those performing these roles are often undervalued.
- Many people regard care work as something that anyone can do, leaving the knowledge, skills, and

emotional labour required for high-quality care largely unrecognised.

Cultural Consequence: When paid care work remains invisible, the knowledge, skills, and labour of those who provide it remain insufficiently recognised. Care continues to be seen less as skilled work requiring expertise and labour and more as a natural activity that people are simply expected to perform.

Disabled People Are Seen as Objects of Care Rather Than Subjects of Care

Norm: In Türkiye, discussions about disability and care often centre on the efforts, sacrifices, and burdens of caregivers. The perspectives of disabled people themselves, including what they want, what support they need, and whether they seek greater autonomy, are frequently pushed into the background.

Everyday Manifestations

- Decisions about where a disabled adult will live, what forms of support they will receive, or how they will organise their daily life are often made by family members without meaningful consultation.
- Phrases such as "Her mother does so much for her" or "His family takes such good care of him" are commonly heard, while the wishes and preferences of the disabled person receive less attention.
- Requests for independent living, employment, education, or greater decision-making authority may be sidelined by the assumption that "their family is already taking care of them."
- When care arrangements are made, the preferences of family members often take precedence over those of the disabled person.

Cultural Consequence: When care is understood primarily through the perspective of caregivers, disabled people risk being positioned as passive recipients rather than active participants in care relationships. This can obscure their rights to autonomy, self-determination, choice, and independent living.

Care Coordination Is Not Recognised as Care

Norm: Care is often recognised through visible tasks, while the planning, monitoring, and remembering that make those tasks possible remain largely invisible. Knowing who needs what, coordinating responsibilities, and ensuring that care does not fall through the cracks are rarely understood as forms of care in their own right.

Everyday Manifestations

- Tracking medical appointments, noticing when medication is running low, reading messages from school, and remembering the needs of different family members often become the responsibility of the same person.
- When something is forgotten or overlooked at home, the problem itself becomes visible. The ongoing work of monitoring, anticipating, and coordinating that had prevented such problems until then often goes unnoticed.

Cultural Consequence: When the planning, monitoring, and coordination involved in care remain invisible, the knowledge, expertise, and cognitive labour of caregivers also go unrecognised. Care comes to be understood only through visible tasks, rather than as the ongoing work of anticipating needs, organising support, and sustaining relationships.

Care Is Only Noticed When It Breaks Down

Norm: The value of care is often recognised not when care is working, but when it is absent or disrupted. The labour that makes everyday life possible tends to remain invisible until a crisis, interruption, or gap in care emerges.

Everyday Manifestations

- When children arrive at school on time, when an older family member's needs are met, or when daily life runs smoothly, the care work that makes these outcomes possible often goes unnoticed.
- When a caregiver becomes ill, exhausted, or temporarily unable to provide care, the labour that had previously remained invisible suddenly becomes visible.
- Public discussions about care often gain attention after an earthquake, pandemic, illness, or care crisis. Once the immediate crisis passes, care can quickly fade from view again.

Cultural Consequence: Care is not widely understood as a fundamental infrastructure that sustains everyday life. Instead, it is often perceived as a need that becomes visible only in its absence. This makes it more difficult to recognise the value of care work, prioritise care in public policy, and develop long-term responses to care challenges.

Care Is Remembered Only in Times of Crisis

Norm: In Türkiye, care is often discussed only when a crisis emerges, such as illness, ageing, or caregiver burnout. Yet care is not merely a response to crisis; it is an essential infrastructure that sustains everyday life and requires long-term planning.

Everyday Manifestations

- The care needs of an ageing parent are often discussed only after a serious health issue arises.
- When a family member becomes ill or requires support, the question "What are we going to do now?" is often asked for the first time.
- Decisions about who will provide care and how care responsibilities will be organised are frequently made in the midst of a crisis rather than planned in advance.

Cultural Consequence: Care is often perceived not as a shared responsibility that requires anticipation and long-term planning, but as a need that becomes visible only in moments of crisis. This makes it more difficult to organise care sustainably and to develop long-term solutions that support both caregivers and those receiving care.

Everyday Rituals That Reproduce Care

Care culture is sustained through the everyday behaviours, expressions, habits, and expectations that are repeated over time. These rituals often seem ordinary and unremarkable, but they play an important role in shaping who is expected to provide care, who assumes responsibility, and whose care work remains invisible.

The rituals discussed in this section do not claim to represent all care practices in Türkiye. Rather, they aim to make visible the recurring everyday patterns that are frequently observed across different lived experiences and that contribute to the ongoing reproduction of care culture.

The Same Person Is Always Called First

When a child becomes ill, an older parent needs to visit a doctor, or an unexpected situation arises at home, the first person contacted is often the same individual. Repeated over time, this practice becomes a powerful yet invisible signal about who is expected to take responsibility for care.

Care Responsibilities Are Rarely Discussed Explicitly

When a care need emerges, families often do not openly discuss who will do what. Tasks such as accompanying someone to an appointment, preparing meals, providing daily support, or coordinating care are frequently assigned according to existing family roles. This repeated pattern reinforces the idea that care is not a shared responsibility to be negotiated, but a natural duty belonging to certain individuals.

Men Help, Women Are Responsible

Even when the same care work is being performed, the language used to describe it differs. When a man provides care, he is often said to be "helping." When a woman provides care, she is seen as fulfilling her primary responsibility. This distinction continually reproduces cultural expectations about who is ultimately responsible for care.

The Same Person Keeps Track of Everything

Scheduling medical appointments, remembering medication times, following school messages, sharing health information in family groups, noticing what is running low at home. Individually, these tasks may appear minor. Repeated day after day, however, they

concentrate the invisible coordination work and mental load of care on the same people.

The Same Person Leaves the Table First

The person who gets up before the meal is truly over, clears the table, starts preparing for the next day, or notices what still needs to be done is often the same person. This repetition is not accidental. It continually reproduces not only the visible tasks of care, but also the invisible coordination that sustains everyday life.

"I'll Take Care of It"

Caregivers often take responsibility themselves rather than asking for help. The phrase "I'll take care of it" is more than an individual choice. It is an everyday expression of the cultural expectation that care should be carried out quietly, reliably, and without expecting anything in return.

The Same People Take Responsibility for Holiday Preparations

Preparing the home before guests arrive, planning the shopping, organising meals, and managing the clean-up afterwards are recurring practices that reveal who is expected to perform care work. Holidays, family gatherings, and special occasions are rarely moments when care responsibilities are redistributed. More often, they are moments when existing care roles are reaffirmed.

These rituals may seem insignificant when viewed individually. Repeated day after day, however, they create a powerful cultural infrastructure that shapes who is expected to provide care, which forms of labour remain invisible, and why care responsibilities are often so difficult to redistribute.

Notes

1. Turkey's parental leave framework differs not only in duration but also in how caregiving responsibilities are defined. Under Labour Law No. 4857, maternity and caregiving-related rights for women are regulated under a dedicated provision titled "Maternity Leave and Breastfeeding Leave", while leave granted to fathers is classified under "Compassionate Leave" (mazeret izni). This distinction can be understood as an institutional reflection of a broader cultural assumption that caregiving is primarily a woman's responsibility, while men's involvement is secondary or supplementary. Although amendments introduced in 2026 extended the duration of paid leave granted to fathers following the birth of a child, the underlying framework remains largely unchanged.
2. According to the International Labour Organization's (ILO) care policy database, Turkey faces a care policy gap of more than 68 months (approximately 5.7 years) between the end of paid childcare-related leave entitlements and access to free, universal early childhood care and education services. This gap means that childcare responsibilities must be absorbed largely by households for an extended period. When combined with prevailing social norms regarding how care should be distributed within families, this often results in a disproportionate concentration of care responsibilities on women and can create additional barriers to women's participation in paid employment.
3. Turkey's Home Care Allowance (Evde Bakım Yardımı) also reflects a model that relies primarily on families rather than professional care services. Financial support is generally channelled through family caregivers, while limited space is provided for alternatives such as personal assistance services or community-based care models. As a result, care responsibilities frequently become concentrated among female family members, contributing to caregivers' withdrawal from paid employment. Furthermore, the scheme tends to frame caregiving as a form of family assistance rather than as a matter of rights and social protection. This can reinforce inequalities related to social security coverage, income security, and pension entitlements among caregivers.
4. While public sector employees in Turkey have access to certain forms of caregiving and compassionate leave under specific circumstances, equivalent rights for pri-

vate sector employees who need to care for a sick child are considerably more limited. As a result, families are often required to develop their own informal solutions when care needs arise. This can create significant tensions between caregiving responsibilities and employment, particularly for single-parent households and for parents who bear primary responsibility for care.

5. Although Turkish healthcare quality standards and accreditation frameworks include provisions related to discharge planning, professional discharge planning practices that systematically assess post-discharge care needs and coordinate ongoing support remain limited. Consequently, responsibility for organising care during the transition from hospital to home often falls largely on families. The widespread expectation that family members will provide assistance with feeding, personal care, and other daily needs during and after hospitalisation further illustrates how the boundaries between professional care provision and family care work frequently become blurred.
6. Turkey does not have a widely available respite care system that allows long-term caregivers to temporarily transfer caregiving responsibilities, rest, and participate more fully in social life. Existing care services are primarily designed around the needs of care recipients, while the need for caregivers to rest, recover, and share responsibilities is addressed only to a limited extent within care policies. This increases the risk of caregiver burnout and contributes to the long-term concentration of care responsibilities on the same individuals.
7. Women in Turkey spend substantially more time on unpaid care and domestic work than men. According to the Turkish Statistical Institute's (TÜİK) 2024 Time Use Survey, women spend an average of approximately 4 hours and 30 minutes per day on unpaid care and household labour, compared with around 1 hour per day for men. This disparity significantly limits the time women can devote to rest, education, social participation, and paid employment. Source: Turkish Statistical Institute (TÜİK), Time Use Survey, 2024..
8. Internationally, children and young people who regularly provide care for an ill, disabled, or older family member, or who take on significant caregiving responsibilities within the household, are commonly recognised as young carers. In many countries, young carers are treated as a distinct group within education, health, and social policy frameworks, with dedicated measures designed to identify and support them. In Turkey, however, there is currently no specific policy framework aimed at recognising, monitoring, or supporting young carers. As a result, the caregiving responsibilities undertaken by children and young people often remain largely invisible within public policy and support systems.
9. Domestic workers in Turkey are excluded from significant parts of the protections provided under Labour Law No. 4857 through Article 4 of the law. Turkey has also not yet ratified the International Labour Organization's Domestic Workers Convention (ILO Convention No. 189), which establishes international standards regarding the rights and working conditions of domestic workers. This reflects ongoing structural challenges in recognising domestic work and paid care work as fully legitimate forms of labour. As a result, questions surrounding labour rights, social protection, and professional recognition for paid caregivers and domestic workers remain unresolved.

2

Shifting Care Cultures and Emerging Possibilities

Cultural norms are not fixed. Just as they are constructed through repetition, they can also evolve through social transformations, new experiences, and changing ways of living. Care culture in Türkiye is no exception. Established assumptions about how care should be organised are increasingly being challenged, questioned, and renegotiated in new ways.

In recent years, demographic ageing, changing family structures, rising labour force participation among women, urbanisation, migration, and the weakening of social networks have all increased the demand for care. At the same time, these developments are placing growing pressure on a care model that has long relied primarily on families, and particularly on women. While care needs continue to expand, many of the approaches traditionally used to meet those needs are no longer proving as sustainable as they once appeared.

These shifts are raising new questions about how care should be shared, who should assume responsibility for it, and what kinds of support systems are needed to sustain it. They are also creating spaces where care becomes more visible, established norms begin to be questioned, and alternative care practices start to emerge.

In this section, we highlight several examples that reflect these emerging transformations in care culture. These examples do not represent all experiences across Türkiye. Rather, they offer valuable signals that the current organisation of care is not the only possibility and that alternative ways of caring are already beginning to take shape.

Shifting Care Dynamics

For decades, care in Türkiye has been provided primarily within families and largely through the unpaid labour of women. The care of children, older adults, people with illnesses, and disabled people has generally been treated as a family responsibility, while public services and institutional support have played a supplementary role. Today, however, many of the social conditions that have sustained this model of care are beginning to shift.

An Ageing Population

Türkiye has long been characterised as a relatively young country. However, increasing life expectancy and declining fertility rates are contributing to a rapid growth in the older population (TurkStat, 2024). This demographic transition is increasing the demand for elder care and long-term care services.

Families Are Becoming Smaller, and There Are Fewer People to Share Care Responsibilities

For many years, care responsibilities could be distributed across extended family networks. However, shrinking household sizes, the rise of single-person households, and the growing geographic distance between family members are making family-based care arrangements more difficult to sustain (TurkStat, 2024). A new reality is emerging in which fewer people are expected to carry greater care responsibilities. At the same time, growing public discussions around parenting and child-rearing are increasing awareness that care is not solely the responsibility of parents, but also of wider communities and public institutions.

Women's Participation in Paid Employment Is Increasing

Care responsibilities in Türkiye continue to be borne predominantly by women. According to the TurkStat Time Use Survey, women spend an average of 4 hours and 35 minutes per day on unpaid care and domestic work, while men spend only 53 minutes (TurkStat, 2015). At the same time, women's educational attainment and labour force participation continue to increase (TurkStat, 2024). Yet the persistence of unequal care responsibilities raises important questions about the sustainability of a care model that continues to rely heavily on women's unpaid labour.

Urbanisation and Mobility Are Increasing

Internal migration driven by education, employment, and economic opportunities is physically distancing people from their family networks (TurkStat, 2025). As the everyday support mechanisms once provided by relatives living in the same neighbourhood or city become weaker, questions about how care needs will be met are becoming increasingly pressing.

Migration and Displacement Are Becoming More Common

For migrants, refugees, and people who have been forced to leave their homes for various reasons, care networks often need to be rebuilt from the ground up. Reduced access to family support, or its complete absence, creates a need for alternative forms of solidarity and care organisation.

Social Networks Are Changing

Care takes place not only within families but also through relationships with neighbours, friends, and communities. However, urbanisation, increased mobility, and changing lifestyles are making many people's everyday support networks more fragmented than in the past. This can limit the resources available when care needs arise. At the same time, the growing visibility of mental health challenges, loneliness, and social isolation serves as a reminder that care extends beyond physical assistance. It also encompasses emotional, relational, and community-based forms of support.

Care Needs Are Increasing

Population ageing, chronic illnesses, disability, childcare responsibilities, and the growing complexity of everyday life are all contributing to a steady rise in care needs (ILO, 2018). At the same time, pressure is mounting on a care model that continues to rely primarily on families, and particularly on women, to meet those needs.

Taken together, these developments suggest that the issue is not only that the demand for care is increasing. The very model through which care has long been organised in Türkiye is also coming under growing strain. As a result, care is becoming a more prominent concern not only for families but also for workplaces, social policy institutions, local governments, communities, and civil society organisations. More fundamentally, care is increasingly emerging as one of the defining issues shaping how we live together, organise solidarity, and imagine our collective future.

Signs of Change and Emerging Alternatives

As the social conditions that sustain care in Türkiye continue to change, the existing organisation of care is increasingly being questioned. These shifts do not always take the form of large-scale transformations. Sometimes they emerge during moments of crisis, sometimes through new practices of solidarity, and sometimes through the small negotiations that take place in everyday life. The examples below highlight signs of change within care culture and the alternative possibilities beginning to emerge.

Care Crises Make the Invisible Visible

Established care arrangements often become visible only when they become unsustainable. The serious illness of a family member, caregiver burnout, or the disruption of an existing care arrangement can bring previously unspoken questions to the surface. Who will provide care? How will care responsibilities be shared? What forms of support are available? These conversations often begin only when existing arrangements can no longer continue as before.

A similar process of visibility can occur during broader societal crises. The COVID-19 pandemic revealed that care is not only a private family matter but also a vital social infrastructure. School closures, the pressures faced by healthcare workers, the support needs of older adults and disabled people, the increase in unpaid care responsibilities within households, and the critical role of care workers all became subjects of public discussion on an unprecedented scale.

Yet as crises recede, the visibility of care often fades as well. Crises alone do not create transformation. What they can do is create powerful moments of learning by revealing why care matters, where existing arrangements fall short, and why alternatives are needed. Lasting change depends on whether the awareness generated during these moments can be translated into new policies, institutions, and care practices.

Care Norms Are Being Increasingly Questioned

There are growing signs, particularly among younger generations living in urban areas, that long-established expectations surrounding care responsibilities are being questioned more openly. Discussions about why care work continues to fall primarily on women, how care should be shared, and how responsibilities within families should be organised are becoming increasingly visible.

Many young women, in particular, are expressing a desire not to assume care responsibilities in the same way their mothers and grandmothers did. Issues such as unpaid domestic labour, care responsibilities, and work–life balance are increasingly shaping decisions about relationships, family formation, and future life plans.

These discussions have not yet resulted in a widespread cultural transformation. However, the fact that care norms once treated as natural and unquestionable are now being openly debated can itself be understood as an important signal of change within care culture.

Collective and Community-Based Care Experiments

Although care in Türkiye continues to be organised primarily within families, some communities are experimenting with ways of sharing care responsibilities across broader networks. Neighbourhood solidarity initiatives, community-based projects, support networks formed during illness, care collectives, and mutual aid practices organised through digital platforms all offer examples of these emerging approaches.

In many cases, these networks arise not from an ideological commitment but from practical necessity. For people living far from their families, those without access to family support, migrants, refugees, or individuals struggling to carry care responsibilities alone, friends, neighbours, and communities can become important sources of care.

These initiatives are not yet widespread and often rely heavily on voluntary labour and personal relationships. Nevertheless, they offer important insights into how care might be organised beyond the boundaries of the nuclear family and within wider networks of relationships.

Care Experiences Are Becoming More Visible

For a long time, care was treated as a private matter, largely confined to family life and the boundaries of the household. In recent years, however, the experiences of caregivers, the challenges they face, and the impact of care on everyday life have become increasingly visible.

Social media, digital platforms, and online communities have created new spaces for caregivers to share their experiences, build solidarity with one another, and make visible forms of care work that were previously overlooked. Issues such as caring for ageing parents, parental burnout, the experiences of disabled people and their caregivers, and paid care work are becoming more openly discussed in public life.

Greater visibility alone does not transform cultural norms. However, it helps position care as a collective and societal concern rather than solely an individual responsibility. The ability to share experiences that were once carried in silence creates space for new conversations about care and for new forms of solidarity to emerge.

Organizations Are Paying Greater Attention to Care

For a long time, care was treated as a matter belonging to employees' private lives. In recent years, however, some workplaces and institutions have become more aware that care responsibilities directly shape people's working lives.

Parental leave provisions, flexible working arrangements, support measures for employees with caregiving responsibilities, and care-friendly workplace policies are some examples of developments in this area. These practices are not yet widespread and often remain limited to a relatively small number of institutions.

Even so, the growing recognition that care is not solely the responsibility of families or individuals, but also something that workplaces and institutions need to address, signals an important shift. This perspective can help move care beyond the boundaries of private life and position it as a broader social responsibility.

Taken together, these examples show that care culture is neither fixed nor unchangeable. Although these signs of change remain limited and uneven, they suggest that new questions, new actors, and new practices are beginning to emerge around how care is organised. Cultural transformation in care often becomes possible through the accumulation of precisely these kinds of small shifts over time.

3

A New Care Culture Is Possible

An Invitation to Rethink Care

This report began not with major policy documents, but with everyday life. The person who gets up from the table first. The first number that gets called. The voice that says, “I’ll take care of it.” Small moments that are repeated for years, rarely questioned, and often taken for granted.

This is because care culture is built through everyday life. Not through one-off decisions, but through the small behaviours, expectations, and habits that are repeated day after day.

What this report has shown is that understanding why care continues to fall disproportionately on the shoulders of the same people requires looking beyond services, institutions, and policies alone. It also requires examining how care is continually reproduced through everyday practices.

The concentration of care responsibilities on women, the assumption that care is primarily a family responsibility, the difficulty of asking for support, and the invisibility of caregivers’ time cannot be explained solely through individual choices. These patterns are continually reproduced through cultural norms and everyday rituals that have come to be seen as natural over time.

For this reason, transformation in care cannot be understood only in terms of new services or new policies. It also requires rethinking how care is talked about, how it is shared, and who is expected to provide it.

At the same time, this report points to another important reality: these cultural patterns are not fixed.

Moments when care crises make the invisible visible, the growing questioning of care norms, the emergence of new networks of solidarity, the increasing visibility of care experiences, and the greater attention that organisations are paying to care all suggest that care can be organised differently. These developments may still be limited in scale, but they remind us that the current organisation of care is not the only possible one.

At İhtimam Association, we see this report not as a conclusion, but as an invitation. An invitation to recognise the care norms that are continually reproduced in everyday life, to question them, and to collectively imagine whether more visible, more equitable, and more shared forms of care might be possible.

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