



SOCIAL SCIENCES FOR BEGINNERS

VOL. II

**Sociology, Social Work, Criminology,
Psychology and Political Science**

Editors:

B. Salawu

U.A. Raheem

A.A. Abdullahi

L. Saka

A Publication of the Faculty of Social Sciences, University of Ilorin, Ilorin Nigeria

TABLE OF CONTENTS

Chapter (Topics)	Page
Forward	iii.
1. Basic Concepts In Sociology	2-10
2. Sociology and Related Disciplines in the Social Sciences	11-20
3. Elements of Social Structure	21-28
4. Culture and Socialisation	29-39
5. Modernization, Civilization and the Nigerian Heritage	40-47
6. The Concepts of Culture and Heritage in Sociology	48-57
7. Social Work and Social Problems	58-64
8. Ethical Issues in Social Work	65-76
9. Gerontology and Geriatric Social Work Services	77-84
10. Fieldwork Practice and Reporting in Social Work	85-92
11. Ancient and Contemporary Nigerian Civilizations	93-104
12. Meaning, Nature and Scope of Criminology	105-114
13. The Criminological Schools of Thought: A General Overview	115-125
14. Introduction to Psychology	126-134
15. Perspectives, Theories and Personality Psychology	135-152
16. Psychoeducation of Drug Use and Abuse	153-161
17. Biological Basis of Behaviour and Human Development	162-175
18. Political Science: Methods, Approaches and Relationship with other Social Sciences Disciplines	176-185
19. Basic Concepts in Political Science	186-194
20. Government institutions and Separation of Powers	195-205
21. Legislative Process in Nigeria's National Assembly	206-217
22. Public Opinion, Pressure Groups and Political Parties	218-226
23. The Study of Comparative Politics	227-236
24. The Centrality of The State in Political Science	237-243
25. Political Parties and Pressure Groups – An Overview	244-250

Names of the Contributors

Adekeye Deborah Shade	Olatunji, Abdulganiyu	Tejideen T.O.
S. Z. Abdulbaqi	Issah, M.	Raji Abdullateef
Kelani, K. A	Salahu Tunde Saliman	Sunday Evaristus A.
Atiku Abdullateef Abiodun	Veta Oghenechoja D.	Mohammed Sanusi Y
Olanrewaju A. S.	Abdullahi A. A.	Abdullahi K. Ibrahim
Tomisin A. Akangbe	Obasanjo Solomon Balogun	Monsurat Isiaka
Olaseni, Abayomi O.	Ibrahim, B. A.	Oguntayo Rotimi.
Hassan A. Saliu	Luqman Saka	Aremu F. A.
Muhammad A. A.	Bakare Adebola Rafiu,	Aliu Fatima O.
Abubakar Abubakar	Oluwashina M. Adebisi,	Luqman Saka,
Taiye A. Awotunde	Ojo Emmanuel O.	Edun A. Jimoh
Abdulrasheed A. Isiaq		

Faculty of Social Sciences
University Of Ilorin,
Ilorin, Nigeria



C- Copyright Owner

The Faculty of Social Sciences
University of Ilorin, Ilorin Nigeria.

All right reserved, no part of this book should be reproduced or
transmitted in any format without prior permission of
the Dean of Faculty of Social Sciences
University of Ilorin, Ilorin Nigeria.

Published By
The Faculty of Social Sciences,
University of Ilorin, Ilorin Nigeria.

Printed and Bound in Nigeria
@

Impresmedia
Commercial Printing and Publisher

December. 2021.



ISBN 978-0-7566-3409-8

**SOCIAL SCIENCES FOR BEGINNERS
VOL. II**

(Sociology, Social Work, Criminology, Psychology and Political Sciences)

A

**Publication of The faculty of Social Sciences
University of Ilorin,
Ilorin, Nigeria**

CHAPTER NINE

GERONTOLOGY AND GERIATRIC SOCIAL WORK SERVICES

**Sunday Evaristus Abonyi, Salahu Tunde Saliman
and
Atiku Abdullateef Abiodun**

INTRODUCTION

In many parts of the world, especially in Sub-Saharan Africa, the population of persons aged 60 and above, seems to have been on the increase in the recent time. In other words, there is the likelihood that between 2030 and 2050, the population of this group will outnumber or more than threefold to that of the younger ones (Nega, 2020). The proportion of older persons aged 60 years and above make up 12.3% of the global population, and by 2050 that proportion will rise to almost 22% (UNDESA, 2015). These shifting demographics have therefore created a greater demand for professionals, with specialized knowledge and skills in understanding ageing dynamics.

The study of Social Work is quite unique among other helping professions, hence, its practices exclusively tries to enhance or restore the capacity of the individuals or groups, for optimal social functioning. It considers the physical, mental, and social aspects of the individual- an approach that is critical to providing services to older adults and their families. As Olaleye (2011) noted, the older adults are among the social groups that are most vulnerable to the numerous social ills facing Africa; poverty, inadequate social services, insecurity, diseases and high mortality rate. Old age is also associated with more diseases manifested in the form of chronic diseases and longstanding illnesses, low self-esteem, difficulty in concentration and loss of energy (Agbogidi & Azodo, 2010, Olaleye, 2011). Nigeria being one of the African countries with the largest segment of the older population still does not have a functional social policy focused on older people.

Against this backdrop, this chapter therefore examines the place of Gerontology / Geriatric Social Work services, in their effort to help older adults and their families maintain wellbeing, overcome problems and achieve maximum potential during later life. These older adults were believed to have contributed immensely to growth of the nation in their youthful days. They were not only productive but influential to the nation's development. Attempts were also made herein to have global perspectives on the care of elderly or older adults especially in Europe and other African countries as well as drawing it down to our indigenous old age care system in Nigeria. The essence is to enable Gerontologists or Geriatricians and other allied professionals assist older adults make the most use of their strength and capacities as most individuals at old age are faced with medical, social, economic, emotional and mental health challenges.

Gerontology and Geriatric Social Services

Social Work services are aimed at ameliorating social problems, hence, they sought to enhance the social functioning of the individuals, singularly or in groups, by an array of activities focused upon their social relationships which constitute interaction between individuals and their environment (Boehm, 1989). Practitioners are involved in such areas which impair man's ability or desire to carry out his responsibilities satisfactorily. In other

words, social workers tend to create the climate, favorable for adjustment and the possibility of maximizing such situations which they find difficult to cope with. Gerontology/Geriatric being a subfield of Social Work practice acts, in the best interest of the older adults and their families, maintain wellbeing, overcome problems and achieve maximum potentials during later life. According to Miller (2020), the focus of Gerontology/Geriatric Social Work is to enhance the quality of life of older adults and their families, maintain a sense of dignity and independence as the individuals get older as well as linking them with other systems that could assist them with concrete services.

Relevance of Geriatric Social Services

The prevailing slim schedule with family members of the 21st century societies has not only changed the family tradition pattern and value chain in which most established families are known, due to job status and geographical locations, with other inconveniences, many families are faced with sequential challenges of optimal care for the older family members. In the absence of quality care and adequate protection of the older adults, engagement of social services or home care agencies becomes ideal and trending practices, especially among the developed nations. Geriatric care management is a professional gerontological social work setting, that is rapidly gaining stand in the wake of the millennium and which has rapidly reshaped the study of the aged and ageing processes. The core attendant in this line of duty comprises social workers, nurses or other specially trained counseling or health care workers, who may work as independent professionals or in conjunction with a health care facility or social service agency. However, geriatric care managers offer services such as planning, executing, and coordinating broad services for the aged, either through family members or other caregivers (NPHCE 2011).

Skilled Geriatrists or care managers, generally have a talented knowledge of gathering the bio psychosocial demands of the aged and in search of a suitable service in the community to meet their needs. Frantically, enhancing the older adult's wellbeing and suggesting the most upright supportive services, needed in their daily nominal life (Stone, Reinhard, Machemer, & Rudin, 2002). Geriatric care managers most often, act in a range of ways, such as liaison to family members, who live separate from aged adults, under the watch of care managers and informing them on any changes, that might arise in the older adults' physical, psychological and social health status and even more, on financial buoyancies of their clients/patient. Offering conflict resolution, crisis intervention and family mediation especially when families have no in-depth knowledge of what aging entails, with their parents and older loved ones. Above all, geriatric care gives access, process, program and monitor in-home support services, and also provide supportive counseling to the aged and their family members alike, (NPHCE 2011)

A Global Perspective of the Care for the Elderly

Although, some countries of the West, East and Asia appear to have a bundle of programs and welfare packages for the older adults' members, with the expectation to have a smooth, lively and rewarding experience for these senior citizens, for instance, in North America, people are better able to prepare for aging because resources are more widely available. The older adult population can be divided into three life-stage subgroups: the young-old (approximately 65–74), the middle-old (ages 75–84), and the old-old (over age 85). Today's young-old age group is generally happier, healthier, and financially better off, than the young-old of previous generations (William, 2012). This classification could be found in

other serious countries. However, despite continuing support and research into the living conditions of the global population, experiences from a number of research, have indicated growing plights of the older adult population, (generally or in a contextualized discussion, called the aged), or as may be preferred in some contemporary discourse, aptly referred as “the elderly”. Due to decreasing fertility and life expectancy, there is rapid increase in the number of the aged across the world and this includes Africa and Nigeria (World Health Organization, 2011; Population Reference Bureau, 2017; United Nations Population Division & United Nations Statistical Division, 2015). More so, going by the global debate about issues surrounding the care and treatment of the aged, everyday reality, also affirms, that despite the fact that aging is compulsory, which everyone dreads or may come to experience, the aged are still perceived to be neglected, even among the developed countries, where programs and policies are said to be preventive and proactive (WHO, 2015). It is indeed an undeniable resolution, that the elderly face more discomfoting situations, beyond physical, social, psychological and health-care needs (Animasahun & Chapman, 2017).

As noted by World Health Organization (2010), even though the global world appears to care more and desire more decency for the older adults, not all aged related programs and policies could be presumed to be optimal and functional, hence, neglected or maltreated aged still often face the burden of illness; from acute life-threatening infectious diseases, to chronic disabling non-communicable diseases, all this, which mostly likely could cause disaffections and anomalies, disabilities and diminished quality of life among the aged, irrespective of race, cast, language or skin color. Due to perceived inadequacies and some form of dysfunctional poor service delivery in individuals, homes and families care among the developed nations, it is expected that by 2030, more people, than ever will be at the risk of developing chronic diseases, ill-health and dependence, that often accompany advanced old age (Efraim & Deremy, 2017).

Due to this projection and perceived incapacity of government to have total control over the basic needs of the older adults, especially in a complicated world, (where culture, religion, skin color and social backgrounds vary), the roles of social researchers and professional social workers at large, had become more tasking, especially in the area of care and management of ageing and aged needs (WHO, 2012). Despite the emerging innovations, especially in the area of pension (for those under government employment), policies and programs for the aged, training of doctors and evaluations, it is not unlikely that even among the developed worlds like United States, Germany, France, China, England, Japan, South Korea, Italy, United Kingdom, Turkey, Sweden, Japan, Australia, United Arab Emirates among others, that neglected older adult population will not still suffer physical harassment and most likely develop chronic illnesses such as arthritis, hypertension, cardiovascular disease, and cancer as well as incidence of end-stage renal disease, among others (International Organization for Migration, 2019).

According to Araromi (2015), when the old people are maligned, discriminated, isolated and unfairly treated, there is every tendency that the backlash, will grossly affect the economy and survival of other individuals, family and groups in a country. This is because, all ageing population are without increasing social and economic demands, like housing, pension, welfare, self-esteem and by implications, when these demands keep increasing, it automatically means more difficulties and sacrifices by both care givers, who will have to stand for the perceived older poor and other concerned stakeholders, who will either have the

older adults too close to ignore or share direct pains and anguish with them (IOM, 2020). According to Chansonneuve, (2007); McCabe, (2008); McCormick, health and wellness are seen as outcomes of the balance and integration of domains, within a person, if any aspect of the self is out of balance or harmony, so is one's health and thus overall well-being. Perhaps, this notion underlines and motivates reasons, why comprehensive attention is given to old people in the developed nations, thus, this notion has rather turned a new light in the way and manner, the old are received, processed and treated. Gaps are becoming filled and life-reaching programs seem to be supporting wellness and gradual satisfaction among the elderly adults. With this development, it is easier to observe reliefs and a long channel for participative treatment and care of the aged, which has also attracted focused responsibility, priority and principles, in the need and care for aged ones.

Realities of Care of the Aged among Indigenous African Communities

One of the major challenges of old age in Africa is policy and program failures; yet, one of the general indications of old age in Africa, apart from physical limitations, medical problem and a shorter life expectancy, is the "self-esteem", which is accorded the status and personality of the older people, hence, between silent self-esteem and program failures, the older adults psychologically find themselves between the deep blue sea and devil.

As fondly called, "on-reserves" population represents quite a number of individuals whose physical, mental, emotional, spiritual and cultural wellbeing are believed to have reached a stage, which requires special supports (National Aboriginal Health Organization, 2005). By implication, older population are not only weak, powerless but are sometimes voiceless, often without capital or material power to challenge situations, which befall on them and in Sub-Saharan Africa, which has the smallest proportion of elderly and which also ages slower than the developed regions, is projected to see the absolute size of its older population grows by 2.3 times between 2000 and 2030 (UNDESA, 2015).

Partly due to lack of focus and insufficient protective programs, the family structure and traditional care for the elderly in Nigeria are also collapsing (Okoye & Asa, 2011). Since the aged are not in most cases, capable of withstanding societal pressures, the fall out, in terms of burden, is usually shouldered, through supports from family members and other care-givers (European Union, 2003). The older people face many more barriers which includes, but not limited to the followings: barriers related to geography and availability of services; economic barriers; systemic barriers; and barriers which might be related to specific needs of the indigenous population (EU, 2003).

Significantly in Africa, and other developing countries, where most policies for sustainable development are either faulty or completely deficient, there is usually a wider gap between the governments and the governed aged (World Bank, 2010). The older population are mostly poorer, with limited access or hope to better and improved living condition, which directly or indirectly affect source and means of livelihood, as well as affect, other avenues, by which the older population could be assisted, especially, when their demands are considered as becoming continuous and frustrating.

According to World Health Organization (2015), many of the aged (or oldest-old) require long term care, which may include home nursing, community care, assisted living and residential care and long-stay hospital. In Nigeria, this could be more serious, as Nigeria will

be hard-pressed to meet these economic, health, psychological, and material well-being needs of the elderly, especially as traditional family support systems, for the elderly, are breaking down and disappearing (Okoye, 2012). Without substantial backups, the substantial cost associated with these forms of support is usually paid by families or from the relative's purse and societies. As noted by Nathan, (2010), the burden could even be more, where long term care facility and structures are either not affordable or accessible for some families. In some cases, this form of care may even compel some family members to withdraw from school or employment, in order to care for the older relatives. With this development, it may be safe to say that, many indigenous older people in Africa may likely suffer a great deal, from untold hardship and barriers, which ranges but not limited to: (a) barriers related to geography and availability of services; (b) economic barriers; (c) systemic barriers; and (d) barriers related to specific needs of the indigenous population.

In Nigeria, those aged 65 years and above (the elderly) make up 3.1% or 5.9 million of the total population of 191 million, which in crude numbers represents an increase of 600,000 during the 5-year period 2012–2017 (Population Reference Bureau, 2012; National Council on Ageing 2016) and presently in 2021, we are yet to have a full grasp of ageing dynamics, which is a big gap to fill, perhaps because of our inadequate population monitoring and poor policy implementation. Except for a few countries, there is no doubt that the aged do not enjoy inclusive development programs from west, east, north to southern parts of Africa, this is evident in the quality of life and life expectancy the aged experience (ADR, 2015), with unimproved welfare, the older population stand a chance to suffer chronic non-communicable health challenges, such as arthritis, hypertension, cardiovascular disease, and cancer; more that could likely be constantly experienced is the incidence of end-stage renal disease, which is quite common to old age, especially those living in isolated communities, with more frustrations.

It is presumed that, by 2050, there will be two billion people over the age of 60 years, with 80% of them living in developing countries (United Nations, 2015), yet, there is no hope for better care or preferred treatment for this senior population, even when science and technology has advanced quite a number of better ways of living and sustainable development, the challenge of the aged, is a challenge to all indigenous settings, hardly will there be a community or family without one or more aged member(s) (WHO, 2015). Despite government spending on social amenities, special attention for the aged and their needs, appear to be facing a serious setback, this is not new, especially in Nigeria, hence the scenario has largely placed a heavy burden on social workers' practitioners, with other care-givers to assume the responsibility in bridging the gap or rather improvise on government initiatives, towards a better and safer life, for the aged in different communities.

In conclusion, there is apparent disparities between the global perspectives on the care of the aged and African indigenous care and programs for the older adults. While old age is seen as a period of reliefs in the developed worlds, it is rather, unfortunately perceived as accumulated burden for the indigenous settings, many families who bear the brunt can only testify.

The Role of Social Workers in Geriatric Services

The aged are older people whose care and services across all board, falls upon the need for social services. Social support services such as extensive needs in a long term rehabilitation home, housekeeping and meal services, are all part of services demanded in geriatric

settings. Traditionally, service broker, case manager, advocacy and therapeutic roles are also part of services needed in geriatric homes, while the nontraditional roles include: spiritual counselors, exercise coaches, yoga teachers and to mention just a few. Caring for population of the aged worldwide is becoming insufficient in hospitals and nursing homes, as they are seen as the most familiar places for gerontology social work services however, these settings are just few of a place where social workers' role can be practiced (Stone, Reinhard, et al, 2002).

The passion and knowledge for care of the aged has variety of opportunities, where these roles are expected to be exercised. 4.1% populations of the aged are in nursing home, adult day care health centers, home care agencies, social service agencies, and geriatric care management homes. These centers are supposed to be independent and assisted living settings for clinical practice and direct services. The role of social workers in geriatric services is all encompassing, it revolves around legal settings and extend to preretirement program. They assist to complement existing roles of social service system and most importantly, in the macro level settings such as public educators, local, state, and regional planning agencies, community organizations and even with, organizations of legislative advocacy (Stone, Reinhard, et al, 2002).

According to the report of World Health Organization (2007), social worker's specific role, among others, is to identify and analyze certain needs of the aged such as: economic, shelter, security, and a host of others. and to consistently measure and evaluate existing schemes and program, similarly, they bridge the gap between health care services and the aged population, such that, care services rendered is readily affordable and accessible to all concerned. With the experience acquired, advocacy groups are created and sustained, in order to maintain fairness and poor aged are enrolled within the community, into health insurance schemes.

Social workers enhance health right to the aged and their family members, they also often create awareness campaign and counsel to both the young and the elderly on nutrition, Social workers communicate the community and the aged, on indigenous methods of treatment, concerning the elderly via bio-psychosocial approach at forums, conferences and symposiums before publication. Social worker sensitizes younger people, to foster love and care to older person in their communities through school education, street plays and the mass media, etc. peer counseling is also provided to the aged, concerning the problems of the youths and adapting to the dynamism existing in the society.

The government is technically lobbied to implement day care centers for the aged, along with foster care and retirement homes that will holistically develop the aged from being lonely and socially isolated. (WHO, 2007). Apart from outreach services such as mobile clinics, meals and libraries to the aged, social workers advocate to defaulters who abuse or abandon their aged parents, by establishing a community based network monitoring system, by engaging NGOs, senior citizens within the area and newspaper reporters etc. As Care manager, Case manager and Project managers in care homes and other care facilities, social workers encourage good quality of life and holistic wellbeing of the elderly through disability pensions for the aged (WHO, 2007).

CONCLUSION

Nigeria is undoubtedly African giant, given our population, human and capital resources. With our flexible demographics, Nigeria is considered largest population in Africa with not

less than (191 million population), and a projection of elderly population growth put at 3.2% (Population Reference Bureau 2012, 2017). Basically due to a number of demographic factors, Nigeria's growth rate has been estimated to double by 2050 (Mbah, 2016) and when we consider this growth patterns, it is no doubt, that Nigeria's growth poses more social, psychological, economic and health related challenges to Nigeria and its elderly population in particular. These gaps and the challenges indeed, create more work for government in the area of policy shifts and indeed, more roles, for gerontological /geriatric social workers. In the light of the above, Gerontologist are rather hooked with more responsibility of older adults wellbeing; by trying to resolve their social, environmental, psychological, economic and healthcare needs, using various skills and knowledge obtained from their trainings. However, considering the paucity of Gerontological/Geriatric Social Workers and practitioners in many countries, there is urgent need for the Nigerian Government to institute a functional policy on the welfare of the elderly as well as encourage its study in all Colleges of Education, Polytechnics and Universities.

REFERENCES

- Agboigidi, S.J (2010). 'Experiences of the elderly utilizing health care services in Edo State. NigeriaJournal of Health Geographies, 5(19), 3-8.
- Animasahun, VJ, Chapman, H.J. (2017). Psychosocial Health Challenges of the Elderly in Nigeria: a Narrative Review. AfriHealth Sci. 2017;17(2): 575-583. <https://dx.doi.org/10.4314/ahs.v17i2.35>.
- African Development Report [ADR] (2015) Growth, Poverty and Inequality Nexus: Overcoming Barriers to Sustainable Development. Accessed online via https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/ADR15_UK.pdf. On 15/01/2021.
- Araromi, M. A. (2015). Protecting the Rights of Old People in Nigeria: Towards a Legal Reform. Accessed online via <https://core.ac.uk/download/pdf/234650285.pdf> on 15/01/2021.
- Boehm, W (1989). The nature of Social Wor. In Compton, B & Galaway, B (eds.) Social Work Process. U.S.A: Wordsworth.
- Efraim J. & Deremy B.(2017). Age-Related Diseases and Clinical and Public Health Implications for the 85 Years Old and Over Population. Accessed online via <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732407/> on 15/01/2021.
- European Research on Social Sciences and Humanities (2003), New Kinds of Families, New Kinds of Social Care; SOCCARE Project Families, Work and Social Care in Europe.
- International Organization for Migration, [IOM]. World Migration Report [2020] Accessed online via https://publications.iom.int/system/files/pdf/wmr_2020.pdf on 15/01/2021.
- Miller, A (2020). What do Social Workers do in Gerontology? [Work.chron/social_workers_do_in_in_gerontology_11662.htm](https://work.chron/social_workers_do_in_in_gerontology_11662.htm)
- Mojan, F.& Frances, C. (2019). Barriers and facilitators to the implementation of brief interventions targeting smoking, nutrition, and physical activity for indigenous populations: a narrative review. International Journal of Equity in Health; Accessed online via <https://equityhealthj.biomedcentral.com/articles/>, on 10/10/2021
- National Aboriginal Health Organization (2005) Population Health: Risk and Resistance; Vol. 2 Issue 1.
- Nathan H.(2010). Understanding and supporting Families with Complex Needs. Accessed online https://www.researchgate.net/publication/305221851_Understanding_and_supporting_families_with_complex_needs on 15/01.2021.
- United Nations (2015), World Population Ageing. Department of Economic and Social Affairs Population Division; Accessed online via <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA201>

- Report.pdf on 16/01/2021.
- National Program for the Health Care of the Elderly (NPHCE) (2011).** An approach towards active and healthy ageing. Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. [Last accessed on 2012 Oct 17]. Available from: <http://www.health.bih.nic.in/Docs/Guidelines-NPHCE.pdf>
- Nega, M.B (2020).** Africa population is ageing and it needs social protection. European Academy of Science. [Aljazeera.com/opinions/2020/5/18/ Africans-population-is-ageing-and-it-need-social-protection](http://Aljazeera.com/opinions/2020/5/18/Africans-population-is-ageing-and-it-need-social-protection)
- Olaleye, Y.L (2011).** Socio-Psychological problems of the Aged Yoruba and Hausa dwelling in South western Nigeria. *IFE Psychology 1A: An International Journal of Psychology in Africa*, 19 (2), 412-425.
- Stone, R., Reinhard, S., Machemer, J., & Rudin, D. (2002).** Geriatric Care Managers: A profile of an emerging profession. AARP Public Policy Institute. Retrieved March 23, 2012, from http://assets.aarp.org/rgcenter/il/dd82_care.pdf.
- William, L. (2012).** Introduction to Sociology – 2nd Canadian Edition. from the OpenStax College.
- World Health Organization, [WHO](2011),** US National institute of aging. global health and aging. Bethesda, maryland: National institutes of health; (NIH Publication no. 11-7737).
- World Health Organization, [WHO](2015),** National Institute on Aging National Institutes of Health U.S. Department of Health and Human Services.
- World Health Organization, [WHO](2015).** World Report on Ageing and Health; accessed online via . who.int/hq/2002/who_nmh_nph_02.8.pdf on 15/01/2021.
- World Health Organization, [WHO](2010).** Global Status Report on Non Communicable Diseases. Accessed online via https://www.who.int/nmh/publications/ncd_report_full_en.pdf on 10/01/2021.
- World Health Organization, [WHO](2012).** Global Health and Aging. Accessed online via https://www.who.int/ageing/publications/global_health.pdf. On 14/01.2021.
- World Bank (2010)** Local and Community Driven Development; New Frontiers of Social Policy Moving to Scale in Theory and Practice. Accessed online via <http://documents1.worldbank.org/curated/en/128661468343731149/pdf/533000PUB0co mm1B1Official0Use0Only1.pdf> on 10/01/2021.
- World Health Organization [WHO] (2015).** World Report on Health and Ageing. Accessed online via https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=B63E0871C13C38EFFFFA52521E609F056?sequence=1 on 18/01.2021.
- Zuniga, M.E (1995).** Ageing: Social Work Practice. In Edward, R.L (ed.) *Encyclopedia of Social Work* (9th ed.). Washington, D.C: NASW Press.
- World Health Organization [WHO] (2007).** Community health workers: What do we know about them? The state of the evidence on program, activities, costs and impact on health outcomes of using community health workers. Accessed online via https://www.who.int/hrh/documents/community_health_workers.pdf on 17/01/2021.