SOCIAL WORK SERVICES AVAILABLE TO ELDERLY PERSONS IN NIGERIA

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Abstract
The issue of providing for the elderly has been attracting the attention of the international community not only because of the need for the betterment of the living conditions of every member of the society, but also because of the increasing number of the elderly in the society. The major thrust of this study, therefore, is to examine social work services available to the elderly persons in Nigeria. The study set for itself the task of identifying the roles of social workers in helping to improve the living conditions of the elderly. The methodology adopted for this work is a theoretical review and discussion of the state of social work services available to the elderly persons in Nigeria. The expected outcome will enhance the measures to be adopted by social workers in making life more meaningful for the elderly persons in Nigeria.

Keywords: Elderly, Elderly persons, Social work, Social work services

Introduction:

The growing percentage of the elderly in the population has raised questions about societies' ability to meet their needs and about the economic and social consequences of supporting them. With the acceptance of western culture, education and the pursuit of modernization, Nigerians necessarily imbibed the mechanistic ideals of industrial revolution which sought to free humanity from its chains of nature and tradition (Akukwe, 1992). Today, both in the urban and the rural areas, the aged people are getting more visible. Increasing number of people are living up to their 60th birthday. Available statistic show that the population of the elderly is increasing. For instance, by 2025, one out of every four persons (25%) in the developed countries is projected to be 60 years or older (Cox, 2001; Lassey & Lassey, 2001). In developing countries, it is projected that only about 12% will be over 60 years. However, they will constitute 71% of the world's elderly population (Wisenale, 2000; Lee, 1999; World Bank, 1998).

Nigeria, according to the United Nations (1999), has the largest population in Africa, and the tenth largest in the world and it was estimated that by 2025 the population of Nigerians aged 60 and above will constitute 6% of the entire population. Also, life expectancy is expected to rise to 64 years by 2025, while decline in fertility will result in older people (World Bank, 1998). Nigeria will record an increase in the number of elderly people to be supported and cared for.

Globally, there has been a general increase in the number of elderly persons. However, there are regional differences between the developed and developing nations of

the world. There is difference between regions globally in the number of old persons. In the more developed regions of the world, about one-fifth of the population was aged 60 and above in the year 2000; it is expected that by 2050, the proportion would have reached one-third. In the less developed regions of the globe, only 8% of the population is currently over 60 years of age, it is expected that by 2050 those within this age group would reach 20% of the population (United Nations, 2002). The continued increase in the number of the elderly in our population connotes that there is need for support for the elderly.

The decline in death rate has led to an increase in the population and high dependency rate of the aged on the rest of the country. Many countries in Asia are experiencing a rapid demographic transition, which is attributable to an increase in the number of people aging (United Nations, 1999; Bisht, 2002; Chaudhury, 2004; Mujahid, 2006). The above situation is equally the case in most if not all continents in the globe. Coupled with this, many countries are also experiencing significant social and economic changes (Axim & Yabiku, 2001). There has also been physical separation of parents and children due to increase in urbanization and migration from rural to urban centres. This has far reaching implications for the care of the elderly in Africa in general and in Nigeria in particular.

In Nigeria, the institutionalization of the elderly is not a popular option for the elderly (Okoye, 2004). Caring for the elderly has always been taken for granted to be filial responsibility with little or no government support in Nigeria (Ekpenyong, 1995; Ohuche & Littrell, 1989). In fact, the federal government specifically condemned it in the National Policy for the Aged and that is why nearly all existing Old People's Homes are said to be owned by private organisations (Umar, 2010).

The increase in longevity of old persons demands care and support which entails high cost of medical health care and other forms of care as well as social services needed by elderly persons. The rise in the cost of living and high inflation have often made it difficult for the family to single-handedly give the necessary care and support for the elderly. Consequently, the rise in number of individuals in modern nuclear families has boosted the selfish and egoistic interest of the individual members of the family. Family care and support for the family is believed to be culturally determined and socially reinforced (Neysmith & Edward, 1999; Kalache, 1990; Sijuwade, 1991). The vicissitudes of modern times has made it germane for the care of the elderly to transcend beyond the care provided by the family to that given by trained experts in the field (Cox, 2001). Such experts in the field are mostly social workers who provide certain professional services to the elderly. The aged has diverse needs and these needs are relative to time and place. This work, therefore, examine the social work services available to the elderly persons in Nigeria.

Theoretical framework:

Modernization theory of aging as proposed by Cowgill was adopted as the theoretical framework for the study. The theory suggests that the role and status of the elderly are inversely related to technological progress. Factors such as urbanization and social mobility tend to disperse families, while technological changes tend to devalue the wisdom or life experience of elders leading to loss of status and power (Cowgill, 1974).

Modernization theorists in social psychology have established a relationship between economic advancement and the power structure.

According to modernization theorists, modernization is the transformation of a total society from a relatively rural way of life based on animate power, parochial outlook and traditional outlook, towards a predominantly urban way of life based on inanimate sources of power and a cosmopolitan outlook. The general assumption of the theory is that modernization results in a relatively lower status of the elderly in any society. Cowgill (1974) believes that modernization resulted in increased life expectancy and decrease in fertility because modern technology brought with it means to improve life and birth control. Also, modernization brought with it separation of work from home and urbanization.

The theory provides explanation to some of the issues raised in the work. Such issues as the rural-urban migration, geographical mobility, issues relating to education and relationship with the elderly can be better appreciated in the context of the theory. In Nigeria, the elderly are found mainly in the rural areas. The rural areas are underdeveloped and they lack basic amenities like roads, pipe-borne water, and electricity among others. These amenities are more or less part of the modernization process. Therefore, migration and modernization are producing changes in social structure of the Nigerian society that may eventually influence the status of the elderly. The cohort of the current elderly people in Nigeria today is not educated, while the young are. This widens the gap between the elderly and the young ones.

Education has empowered the youth to gain higher status in the society. The resultant effect of all these is that the elderly are left without any form of support at all. So many traditional beliefs that people imbibed during the socialization process contradict sharply with the modernization process, therefore, creating more problems for the elderly. For instance, a lot of Nigerians are reluctant to put their parents in institutions, rather they prefer to keep them at home. The living arrangement in the urban arrears most often do not have provision for the elderly because the houses are built in such a way that it can only contain a nuclear family. It can thus be said that modernization in Nigeria has been steering the Nigerian society away from the traditional care given to the elderly by members of the family due to the demands of modern day society.

Overview of social work services:

The term social work, according to Ekpe and Mamah (1997), contains two variables – social and work. Social pertains to anything that has to do with human society, while work relates to purpose-driven exercises/activities or actions. Social work to them, derives its meaning from explanations attached to the words 'social' and 'work'. To them, social work is work carried out by practitioners mainly to improve the quality of life of those who cannot accomplish their life tasks, alleviate the distress and realize their aspirations and value unaided. Implied in this conceptualization is the fact that the practice of social work is done by experts in the field. Thus an act of charity by a non-social worker cannot be classified as social work. Social work is seen as one of the resources that society provides to help people meet their needs and to facilitate their social functioning. Implied also in the definition is the fact that the concern of social work is on the personal life development of the individual and his relation to outer social

realities in which he is involved. The effectiveness of social work is judged by the way the individual is relating to the situation in which he finds himself as well as to the values and responsibilities which these relationships hold for him.

Social work as a profession is designed to ameliorate social problems in the society such as poverty and homelessness. Social work is generally understood as a helping profession that utilizes qualified personnel who use their knowledge to help people tackle their social problems (Mupedziswa, 2005). It seeks to enhance the social functioning of individuals and groups by a series of activities focused upon the social relationship, which constitute interaction between individual and their groups (Mupedziswa, 2005).

There has been a limited recorded account of how social work started in Nigeria. What we have had been a cursory look at the story of social work, agencies involved in social work and the prospect of social work in coming years (Atolagbe, 1989). Ekpe and Mamah (1997) contended that the extended family provided various types of social services in pre-colonial Nigeria. With the advent of the colonial, however, numerous socio-economic changes which initiated new social problems were brought. These socio-economic changes dwarfed the scope of the erstwhile informal social work activities and its services to the people. The colonial masters failed to establish any form of social welfare ministry at the beginning of its rule in Nigeria. The remedial social work services provided then were done by non-social work professionals like the missionaries, voluntary agencies, health ministries, educational institutions, the law enforcement agencies and the judiciary among several others. Emphasis then was placed on the needs of young children and youths, administration of community centres, educational activities and mental health. On their part, the colonial government concentrated on social legislation.

Since one of the prerequisites for an effective social work practice is to ensure equal distribution of resources, the indigenous Nigerian society with its emphasis on privileges based on birth, position, age and affluence, offered a fertile ground for action (Omolewa & Kazeem, 1991). The indigenous society was a caring one, eager to ensure that no one in the society was deprived of the basic necessities of life. There is an elaborate code of manners and etiquette, the observance of which serves to reduce the strains and frustrations of interpersonal relationship. Part of the code is that of salutation (greetings) for every conceivable occasions and situations. In fact, where condolence or assistance is expected, failure to offer it usually gives rise to bad feeling and suspicion of wickedness, sorcery or witchcraft. Thus, social work help comes in words or physical assistance, and could require individual or communal initiatives.

Social work and the elderly:

Akukwe (1992) sees social work as a professional interaction between people and social institutions that affect their ability to accomplish life tasks and acceptable minimum quality of life. A social worker plays different roles as the situation demands in order to help the aged minimize their problems and enhance their coping capacity by linking them with systems that provide them with resources, services and opportunities.

The elderly has been of core interest in social work. Markson (2003) observed that although human ageing and old age are as ancient as humanity, gerontology began to emerge as a scientific field only in the twentieth century. The term gerontology is usually defined as the scientific study of ageing throughout the life course as well as referring to

older adults. It is a multidisciplinary field that draws from numerous areas, such as Anthropology, Biology, Biochemistry, Nursing, Psychology, Social work and Sociology. Social gerontology focuses on what it means to age in society; that is, the personal concerns and social issues associated with growing older and the ways that these studies are influenced by the society in which we live.

Andrews (2004) noted that in western countries, the elderly are on the priority list of social workers. The elderly belongs to the category of those that need more attention and support from social workers due to a number of reasons mostly related to health. Social work for the elderly in this case has to do with providing health support as well as linking the elderly to the various channels through which they can receive health support in terms of medical advice and medical care. Social workers in the health sector pay visits to their clients, especially those that are bed-ridden and are therefore unable to pay visits to their health care providers.

Zastrow (2008) refers to the elderly as 'older adults'. According to him, social work education is taking a leading role in identifying the problems of older adults and is developing gerontological specialization within the curricula. Not only that, social workers constitute a significant part of the staff of most agencies serving older adults. Zastrow listed some social work services which social workers render to the elderly to include brokering services, case management or care management services, advocacy, individual and family counselling, grief counselling, adult day-care services, crisis intervention services, adult foster care services adult protective services, support and therapeutic groups, respite care, transportation and housing assistance, and, social services in hospitals and nursing homes.

Morales, Sheafor and Scott (2010) equally used the term 'older adults' to refer to the elderly. According to them, the settings for practice of gerontological social workers are quite varied. They include both institutional settings where clients or patients are in residence as well as community settings where clients reside elsewhere and make use of community services. Examination of these varied practice settings suggests the wide range of services in which a gerontological social worker might be involved. According to the Social Work Leadership Institute (2008), the range of institutional settings includes acute care hospitals, assisted living facilities, skilled nursing, non-medical residential care homes, congregate housing (with support services), dementia special care units, hospice or palliative care facilities, skilled nursing homes, and rehabilitation facilities. Non-residential or community services in which a social worker might be involved includes adult foster care or day care, work with an area agency on aging, providing services from a community health or mental health care centre, working with faith-based organisations, delivering services at a senior centre or a senior housing complex, assisting with income and housing needs from a public social service agency, and staffing a retirement community.

Whitaker, Weismiller and Clark (2005) observe that the primary practice tasks before gerontological social workers is that of providing information and referral to services, screening and assessment of client conditions and needs, and case management. The view is supported by the Social Work Leadership Institute (2008) when it identified a wide range of interventions used by social workers when working with the elderly. These interventions include advocacy (for both the client and in relation to new social policies and improved services); care coordination; caregiver support services; client

representation; leading client support groups; using a variety of individual, couples, family, and group therapies; caretaker training; and social work counselling.

Edem (2009) opines that there can be no social work without the elderly. The elderly are subjected to a lot of discriminatory actions due to the perception in some portions that they have outlived their use. Edem maintains that this is the reason behind the setting up of Old People's Home in Lagos State. The negligence of the elderly makes social work indispensable in the society. Until recently, Nigerians only see social workers at work in prisons, hospitals and destitute homes. They now work with the elderly to make their lives as pleasant and comfortable as possible. This they do by providing for their material and emotional needs. Social workers also cater for the elderly abandoned by their families and those that have no one to take care of them (Edem, 2009).

Ukoh (2010) on his part stated that the task faced by social workers is made more intense with increase in the population that daily fall into the rank of the elderly. This, according to him is based on the fact that it is unethical for social workers to disregard or neglect anyone that is in need of their help. A growth in the numbers of elderly people inevitably has brought an increase in the range and intensity of their problems and needs. In Nigeria, however, the elderly suffer a lot of hardship in an increasingly hostile, competitive and intolerant society. Elderly people constitute the poorest group in Nigerian society. The implementation of the Millennium Development Goals (MDGs) by the Nigerian government has little or no consideration for them. Having the rate of poverty and hunger by 2015 without seriously considering elderly people will affect the success rate of the otherwise well-conceived programme. This requires social workers to take up advocacy roles to ensure that the government takes the needs of the elderly population into cognizance in all their policy formulations. If this should be done, it will set the pace for the enforcement of such policies in other African countries since Nigeria is the most populous country in Africa and currently has the highest elderly people's population in Africa (Kinsella and Velkoff, 2001). With the largest population in Africa and the ninth in the world, it is estimated that by the year 2025, the population of Nigerians aged 60 and above will constitute 6% of the entire population (UN, 2002).

Problems of the elderly:

The problems associated with the elderly can be grouped into two classifications namely: medical and psychosocial problems. Kingsley (1984) listed the medical/health problems to include depression and mania, paraphrenia and chronic schizophrenia. Depression and mania is a major depressive illness.

Psychologically, problems of the aging mostly take the form of emotional and adjustment problems. Elderly persons often experience reactions to depression. Loss of loved ones and lack of emotional support often give rise to depression in the elderly. Shuman (1995) contends that adjustment to losses is a recurring problem which ageing persons must face because it is a constant reminder to the person that his/her days are numbered coupled with the removal of extra support. The knowledge that they are no longer able to be as effective as others may equally be emotionally disturbing (Somavia, 1995). Most elderly people in the rural areas in Nigeria suffer from loneliness and isolation because most (if not all) of their children live in the cities and only come once in a while to visit them.

The elderly experience some sociological problems which has to do with issues like the loss of important roles, social status and accompanying prestige. Chawla (1996)

opines that as these vital roles which previously provided them a leeway to economic, social and psychological necessities of life are lost through retirement and discriminatory practices, the elderly become marginalized. Again, too emphasis placed on material wealth has further eroded the influence of the elderly in Nigeria. Town unions are no longer headed by the eldest person around but by the wealthiest. Chieftaincy titles have equally become the exclusive reserve of those who has the capacity to donate lump sums to the community. These categories of people are equally those who decide what happens in the community. The elderly tend to feel helpless in situations like this.

Ajomale (2007) sees the elderly person as being in constant need of physical, material and mental support. Due to old age older persons become physically and mentally dependent. This increase the incidence of physical abuse. Most personal duties they can no longer perform by themselves. They are also too weak and frail to defend or fight back when abuse. A wheel chair-bound, elderly man shared his experience on the maltreatment he daily received from the houseboy (male servant) employed to take care of him. He recounted that most times the mood of the boy determined the level of physical abuse he suffered. According to him, "the violent pushing of the wheelchair creates a lot of fear in me. Sometimes when I need to be exposed to sunshine, the boy abandons me in the sun until such a time that is convenient for him to push me back into the house. I cannot complain to my only daughter who engaged the boy's services because she once told me to endure all the mistreatment that getting a replacement could be very difficult". Caregivers for the elderly are very difficult to secure (Ajomale, 2007).

Ajomale (2007) contends that the elderly also suffer psychological or emotional abuse. These are quite common and constitute a source of depressive moods in the elderly. Psychological abuse touches the self-dignity of the elderly personal. Most times the abuser does not realize or consider his actions as being responsible for so much harm. Younger relations usually attribute indicators of psychological or emotional abuse to old age. When a family member caregiver behaves in a way that causes fear, mental anguish, and emotional pain or distress to the older person, it can be termed psychological or emotional abuse. Such behavior could be insults, jokes made to ridicule the older person, threats and indifference affecting the person's mental well-being. Others include name-calling, intimidating and threatening the individual with isolation and neglect and deliberately not talking to the older person, which is called the 'silent treatment' or 'keeping malice'.

Ajomale (2007) narrated the story of an eighty year old who confessed that the most disturbing moments for her are when her caregiver who is her youngest daughter, for one reason or the other, especially after being in opposite camps of an argument, decides to keep to herself. According to her, "I would want someone to talk to but my daughter would bury herself in a book or watch video tapes in her room. Sometimes, she will have younger friends at home chatting on issues that will not be of interest to me". The elderly person with a disability and who depends on others to attend to his or her personal needs suffers grave instances of emotional abuse through insults and name calling. Most people have a condescending attitude towards the elderly. Treating an older person as a child or calling elderly persons names so as to ridicule them or make them feel inadequate or incapacitated falls into this category of abuse.

Bishit (2002) identifies the negative attitude of workers in health institutions especially health care centres in the rural areas as sometimes constituting institutional

neglect. Elderly patients who need urgent attention are neglected "because they are suffering from old age sickness". The belief of health workers in rural centres is that it is better to attend to the younger ones at the expense of the older persons because the former has hope but the latter has reached the zenith of their lives.

Social work services to the elderly:

Aging is not entirely a negative process, but old age is undoubtedly a difficult period, worsened by the inadequacy of social institutions to care for the aged. Gibson (1996); Aronson (1992). Anderson & Taylor (2004) found differences among the young and the elderly on measures of satisfaction, morale, and general happiness; and some studies show that elderly have a more positive self-concept than the younger ones. Old age is often said to begin at 65 (Zastrow, 2008), which in the Nigerian society is a typical age retirement. In some parts of the world where life expectancy is lower, a person might be old at 35 or 40 years. Even in our own society (Nigeria), we see enormous variation among older people.

Families have been the major resource, and until very recently their responsibility for relatives was enforced morally, culturally, and through law. For instance, relative responsibility laws held adult children responsible for the support of their parents. Today, if children could not take an older parent needing care into their home, then they were responsible for paying at least some of the cost for caring for that parent in an institution or elsewhere (Johnson, Schwartz & Tate, 1997). Although moral and cultural influences continue to pressure children to care for their parents, social change has made it increasingly difficult.

Care for the elderly in the United States is provided primarily in two ways: institutions for the elderly and private care in the home. The latter is peculiar to Nigerian situation, whereby most care of older people is provided informally by families. Family members provide 80 to 90 percent of long-term care for the elderly. In United States both institutional care of elderly and private care at home were considered significant (Aronson, 1992; Anderson & Taylor, 2004). Relatively, old people in Nigeria generally live in and receive care in their homes or the residence of children or relations (Okunola, 2002). Many older people for instance, would prefer to remain in their own homes or homes of relatives simply because, home health care, meal and homemaker are available which may possibly prevent more costly institutional care.

In recent years, a wide array of social, health and related support services have either been developed or extended to provide the needs of the aged. In Nigeria, there are some enactments designed to protect the interest of the elderly. For example, the 1989 National Social Development Policy stipulated the main objectives in respect of the elderly and allocates responsibilities (Okunola, 2002). In addition, a number of state governments announced free medical services to all citizens aged 65 and above. Unfortunately, the implementation of the constitutional care of aged or the enforcement of the legal duty to provide necessaries of life for the aged appear to be no man's business; the provisions just remain elegant and pious, with little or no effect.

Given the above scenario, the role of the social worker cannot be ignored. Compton and Galaway (1975) sums up the role of the social worker as Enabler when they asserted that the social worker plays the role of enabler by giving assistance to old

people in order to find out the coping strengths and resources within themselves to produce necessary resources for accomplishing objectives of the service contract. Thus, social workers help the elderly to select and apply the strategies and to develop their capacities to deal with their problems. As an enabler, the social worker helps clients to find strengths and resources within themselves so as to produce the desired change required in old age. In enabler role, a social worker helps a client cope with situations or transitional stress. A social worker conveys hope, reducing resistance and ambivalence, recognizing and managing feelings, identifying and supporting personal strengths and social assets, breaking down problems into parts that can be solved more readily, and maintaining a focus on goals and the means of achieving them (Barker, 1995).

The role of a Broker requires the social worker to serve as a link between individuals, groups and families that need help but are not aware of where the help will be available to the desired place where help available. In other words, the social worker serves as a link between the elderly and the resources that can be of benefit to them. For instance, when older people are faced with terminal illness, the social worker helps them to deal with their impending death through counselling sessions or by referring them to a hospice programme (Zastrow & Kirst-Ashman, 1997).

As a Teacher, the social worker provides the elderly and their caregivers with new information necessary for taking care of the elderly. The social worker playing the role of a teacher also assists clients in practicing new behaviours or skills and model alternative behavior pattern.

The role of a Mediator involves the social worker carrying out measures aimed at resolving disputes that exist between caregivers and the elderly. Here the social worker assists the elderly and caregiver to find a common ground on which they might reach a solution to the conflict. Social workers in this case apply techniques that will bring about a convergence of the perceived values of both parties to the conflict, help each party to recognize the legitimacy of the other's interests, assist the parties in identifying their common interest and help both parties identify that they have more at stake in continuing a relationship than the issue of specific conflict and aids them to resolve their differences. A mediator remains neutral and does not side with either party in the dispute (Zastrow & Kirst-Ashman, 1997).

Conclusions:

At each particular stage of life of every individual, there are peculiar needs associated with it. Such needs are critical especially at infancy and old age in that infants and the elderly require special care. The elderly in particular require not just special care, but special facilities to make life meaningful and comfortable. Social workers are professional caregivers hence their involvement in caring for the elderly. Aside from the care, support and advice needed by the elderly and provided by social workers, there are some institutional mechanism which government needs to put in place to cushion the effects of aging on the elderly.

In fifty one years of political independence from colonial administration, Nigeria is yet to enact a National Policy on the care and welfare of older persons. Since March

2003, it has remained in draft form. The challenges of bureaucratic bottlenecks have hampered approval of the draft for implementation. Though the National Social Development Policy (1989) stipulates the main objective in respect of the older persons and allocates responsibilities – the policy has proven to be ineffective. The provisions in these policies are elegant and pious, just words without deeds. Though the Criminal Code makes it an offence if an individual charged with the responsibility to provide the necessaries of life to anyone who is unable by reason of age, sickness, unsoundness of mind, detention or any other cause it does not have any consequences for offender.

Okumagba (2011) reports that in a stakeholders meeting convened to domesticate and adapt the African Union Framework Policy on care and welfare for older persons in Abuja, Nigeria's capital city, in August 2006 efforts were made to develop a comprehensive policy to be forwarded to the National Assembly for ratification and subsequent implementation. At the moment there is no Social Security Policy in old age. The Contributory Pension Scheme with 7.5%contributions paid by the employer and another 7.5%by the employee affect only those in the formal sector. Artisans, farmers, commercial drivers, etc. are not included in any organized scheme of social security in old age except those with individual investments in form of shares, stocks, and bonds.

In all, it can be seen from the foregoing that Nigeria has a long way to go in ensuring that the elderly is adequately provided with social welfare services just like their counterparts in the western world. It is heart-warming to observe that the effort of the Nigerian government will be given impetus by philanthropic bodies and individuals who have taken it upon themselves to put in place organized measures for the care of the elderly. In the nearest future, it is hoped that social work services available to the elderly persons in Nigeria will be much more improved from what is obtainable at the moment.

Recommendations:

Based on the revelations of this work, the following recommendations are made for the social work services for the elderly:

• The government should take active and concrete measures towards implementing a viable social welfare programme for the elderly both at the federal, state and local government levels. This would ensure uniformity in implementation.

• Professional social workers must be encouraged to widen their operation horizon to accommodate the elderly. Social work services do not have to be restricted to prisons, hospitals and orphanages. It should be expanded to embrace routine visits to families that have elderly person(s).

• Traditional social work services for elderly people placed an emphasis on enabling them to adapt to changes arising from old age. The levels of social work intervention are limited to individuals and families. The crucial problems of a sense of powerlessness, helplessness, low self-esteem and low self-efficacy possessed by elderly people are inadequately addressed by existing elderly services and intervention approaches. In response to the social and political changes in contemporary society, a community work approach can be a useful method to change old people from passive clients into active and empowered individuals with a positive self-image. It is effective in

strengthening elderly people's contact with the community, eliminating elderly people's negative self-image, protecting elderly rights, and increasing their capacity to influence policy-making.

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