Some social needs of chronic diseases among older adults in ALGERIA: Analytical study approach

بعض الاحتياجات الاجتماعية للمرضى المزمنين كبار السن في الجزائر: مقاربة تحليلية

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Date of seminar: 21/02/2023   Date of publication: 15/11/2023

ABSTRACT:

   Beyond their fundamental health and daily needs, older people have a variety of care needs. Social care, safety and security, companionship, love, and respect are some of the demands that must be sufficiently met, particularly when dealing with chronic illness. It appears that older people in various societies have a lot of unmet care demands. It is imperative that these requirements be recognized and appropriately addressed within Algerian society.

Keywords: Social needs, Chronic diseases, older adults.

الملخص:

   لدى كبار السن احتياجات متعددة ومعقدة خصوصا الذين يعانون بعض الامراض المزمنة ويحتاجون الرعاية واولها الصحة والاحتياجات الأساسية للحياة اليومية. الرعاية الاجتماعية والسلامة والأمن والرفقة والحب والاحترام هي بعض الاحتياجات التي تحتاج إلى معالجة بشكل كاف. يبدو أن هناك العديد من الاحتياجات غير الملباة لدى كبار السن في الجزائر وتختلف حسب المجتمعات. ومن ثم تنطلق إشكالية الدراسة في معرفة وتحديد هذه الاحتياجات ودعمها من خلال التدابير المناسبة خصوصا في المجتمع الجزائري.

كلمات مفتاحية: الاحتياجات الاجتماعية، الامراض المزمنة، كبار السن.

1- Introduction:

   Dependency on others is more evident when one lacks the skills required for daily work. The need for care increases as people age and their abilities diminish. In addition to the often-emphasized bodily needs, there are additional wants, such as those for security, social connection, company, and a host of other things. Depending on the circumstances and the culture, priorities can change significantly. These might be highly basic needs for survival for the poor, whose poor housing conditions and inadequate meals significantly lower the quality of life of older adults.

   When resources are scarce in many unstable societies and following major man-made or natural disasters, the needs of senior individuals are often ignored. Almost all cultures are concerned about the safety and security of elderly people who are ill or disabled. They

frequently suffer from atrocities and torture that go unreported or unrecognized.Everywhere you look, the support systems are deficient.

The amenities and services designed for youthful, vigorous people do not adequately meet the needs of the elderly. These difficulties cause them to become increasingly confined to their houses, engage in fewer social interactions, and have restricted movement. A common emotion is that of social exclusion, of no longer belonging to the majority. The quick changes in social norms and behavior make the generation gap more pronounced earlier than one may anticipate. Feelings of social connection fade, and eventually alienation and desolation take hold.

Even though many societies still have love and respect for the elderly, these qualities are becoming increasingly lacking. Elderly people with certain disabilities or illnesses have unique needs that should be highlighted. Most older individuals have these kinds of demands; in fact, due to certain infirmities, many of them may have been dependent on others for their care needs prior to reaching old age. More input is needed to support these, some of which can only be achieved with ongoing clinical or professional care. It makes sense that these include high costs, local expertise availability, and other elements that are out of reach for particular families. Since each state has different priorities, even the states find it difficult to address these needs.

- Problem statement :

Before delving into the strong connection between chronic illnesses and contemporary urbanization, it will be helpful to have a basic understanding of several important ideas. Conceptual definitions do, in fact, ultimately offer a vital viewpoint on the debate over the best ways to stop the spread of these healthy flaws.

2 -What is chronic disease ?

According to the United States Censers for Disease Prevention and Control, chronic diseases are defined as "conditions that are not cured once acquired... are considered chronic." The World Health Organization classifies chronic diseases as "diseases of long duration and generally slow progression." In addition, for a condition to be classified as chronic, it must exist for three months or more. In the European Region, heart disease, stroke, cancer, respiratory disorders, diabetes, and mental health issues are the most prevalent chronic diseases. Since the World Health Organization incorporates cancer into its economic projections and forecasts, this policy brief addresses cancer as a chronic illness. It is understood, nonetheless, that the disease process for cancer is distinct, and as a result, some policy solutions might not be as pertinent. (Debbie Singh, 2008, p 1)

Chronic diseases are broadly characterized as problems that endure for a year or longer, impede everyday activities, or both, and necessitate continuing medical attention. The main causes of death and disability are chronic illnesses like diabetes, cancer, and heart disease. (National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), n.d.)

3- Ageing explained

Aging is a biological process that is brought on by the accumulation of various forms of cellular and molecular damage over time. This leads to a progressive decline in mental and physical capacities, an elevated risk of sickness, and ultimately, death. These changes only tangentially correspond to an individual's age expressed in years and are neither linear nor consistent. Variety according to age is not a coincidence. Aside from biological changes, retiring, relocating to a better house, and losing friends and companions are some of the major life transitions that are commonly associated with aging.

3-1 Common health conditions associated with ageing

Osteoarthritis, diabetes, depression, dementia, cataracts, refractive errors, back and neck discomfort, hearing loss, and chronic obstructive pulmonary disease are common illnesses among older adults. People are more prone to have multiple ailments at once as they get older.

An further feature of aging is the formation of multiple complex health states together referred to as "geriatric syndromes." These include pressure ulcers, delirium, falls, urine incontinence, weakness, and falls. They are frequently the result of several underlying problems.

We can list the following characteristics of chronic diseases based on the descriptions given above: long duration, significant medical care needs, and resulting disability.

3-2 Factors influencing healthy ageing

Opportunities for older individuals and their families as well as for society at large arise from living longer. The opportunity to pursue new endeavors, such as additional schooling, a new career, or a long-neglected interest, is presented by additional years. In many more ways, older people support their families and communities. However, one thing largely determines the scope of these opportunities and contributions : health.

There is evidence that the proportion of life spent in good health has remained relatively stable, suggesting that the additional years are lost to illness. If people can live these extra years in good health and in a caring environment, their capacity to do the things they value will be quite similar to that of a younger person. If the main consequence of these extra years is a decline in physical and mental capacity, then the implications for the elderly and society are even more dire.

A person's home, neighborhood, and community, along with personal characteristics like gender, color, or financial class, all contribute to their overall health, even though certain variations are inherited. Individual characteristics combined with the surroundings in which people grow up—or even as developing fetuses—have a lasting effect on how people age.

Physical and social environments can have a direct impact on health, as can limitations or incentives that affect opportunities, decisions, and health-related behaviors. A balanced diet, regular exercise, and giving up smoking are three healthy behaviors that can help reduce the

risk of non-communicable illnesses, improve physical and mental health, and postpone the need for medical attention.

People who live in supportive physical and social situations can still achieve their goals in spite of capacity decreases. Places that are easy to get around and have access to secure public transportation and venues are considered supportive environments. A public health approach to ageing should consider initiatives that could facilitate recovery, adaptation, and psychosocial development in addition to environmental and individual strategies.

3-3 WHO Responses

The WHO was asked to oversee the implementation of the United Nations (UN) Decade of Healthy Ageing, which was proclaimed by the UN General Assembly in 2021–2030. In order to promote longer and healthier lives, governments, civil society, international agencies, professionals, academia, the media, and the corporate sector are joining forces for the UN Decade of Healthy Ageing, a worldwide collaboration that will last for ten years.

The United Nations Madrid International Plan of Action on Ageing and the WHO Global Strategy and Action Plan are both built upon by the Decade, which also promotes the achievement of the Sustainable Development Goals and Agenda 2030 on Sustainable Development.

The UN Decade of Healthy Aging (2021–2030) aims to reduce health inequities and improve the lives of older people, their families, and communities through collective action in four areas : changing our attitudes toward aging and ageism; creating communities that support older people's abilities; and providing person-centered integrated care and primary health services responsive to older people.

4- Noncommunicable Diseases

4-1 Overview

Chronic diseases, commonly referred to as noncommunicable diseases (NCDs), are characterized by a protracted course and a confluence of behavioral, physiological, environmental, and genetic factors.

Diabetes, malignancies, chronic respiratory conditions including asthma and chronic obstructive pulmonary disease, and cardiovascular disorders like heart attacks and strokes are the primary categories of noncommunicable diseases (NCDs).

People in low- and middle-income nations like Algeria are disproportionately affected by NCDs; in these nations, 31.4 million NCD fatalities worldwide are reported to have occurred.

4-2 People at Risk

NCDs impact people in all age ranges, in all countries and areas. Although these illnesses are frequently linked to older age groups, data indicates that 17 million deaths from NCDs happen before the age of 70. It is estimated that 86% of these premature deaths take place in low- and middle-income nations. All age groups are susceptible to the risk factors that lead to

non-communicable diseases (NCDs), including physical inactivity, bad eating habits, exposure to tobacco smoke, and excessive alcohol consumption.

Globalization of unhealthy lifestyles, population aging, and rising unplanned urbanization are some of the factors driving these diseases. Obesity, rising blood lipids, elevated blood pressure, and increased blood glucose are symptoms of unhealthy diets and inactivity. These are referred to as metabolic risk factors, and they have the potential to cause cardiovascular disease, the NCD that causes the most premature deaths.

4-2 Socioeconomic Impact

The 2030 Agenda for Sustainable Development contains a goal to reduce by one third the likelihood of dying from any of the four primary NCDs between the ages of 30 and 70 by 2030. NCDs pose a threat to this goal.

NCDs and poverty are tightly related. It is anticipated that the sharp increase in NCDs will obstruct efforts to reduce poverty in low-income nations, especially by driving up household health care expenses. Because they have less access to health services and are more likely to be exposed to dangerous items like tobacco or poor eating habits, vulnerable and socially disadvantaged people grow ill and die sooner than persons in higher social positions.

NCD health care costs quickly deplete household resources in low-resource settings. The crippling expenses of noncommunicable diseases (NCDs)—including their frequently protracted and costly treatments—when paired with income loss push millions of individuals into poverty every year and hinder their growth.

4-3 Improving the Health of Older Adults

It is imperative that older persons' health be improved. The following actions should be taken, according to the CDC's National Center for Chronic Disease Prevention and Health Promotion, sponsored partners, in an effort to improve the health of the senior population :

Assisting persons who have dementia in staying as autonomous, engaged, and active in their communities as they can.

− Providing caregivers with knowledge to help them stay well and give their patients excellente care.
− Enhancing early diagnosis, risk mitigation, chronic disease prevention, and management for individuals with or at risk for dementias, including Alzheimer's and other kinds of dementia.
− Increasing the use of extra clinical preventive services such as blood sugar testing, cancer screenings, and blood pressure checks.
− Talking to a healthcare provider about memory loss is becoming more common.
− Giving Medicare beneficiaries access to the National Diabetes Prevention Program (National DPP), a lifestyle modification program, through CDC-recognized organizations to minimize the risk of type 2 diabetes.

— Supporting physical fitness initiatives to lower the risk of dementia and arthritis pain. (National Center for Chronic Disease Prevention and Health Promotion, 2022).

5- Psychosocial Problems of Elderly

Major psychosocial issues include:

5-1 Loneliness and Seclusion

Conditions like Alzheimer's disease and other mental health issues may affect residents' ability to make and keep connections.

They might experience social group exclusion as a result of their psychosocial difficulties. As a result, individuals risk isolating themselves and suffering in their social lives.

As part of proper elder care, seniors should be encouraged to establish new relationships with other residents and stay in touch with existing senior friends.

By keeping these connections with family and friends, they can prevent isolation and live better lives.

5-1-1 Understanding the Biology of Loneliness

A person's perspective on the world shifts when they experience a loss of connection and belonging. According to Steve Cole, Ph.D., director of the Social Genomics Core Laboratory at the University of California, Los Angeles, an individual who is experiencing chronic loneliness may feel afraid and mistrustful of others, which triggers a biological defense mechanism. His research, supported by the NIA, attempts to identify the physiological pathways associated with loneliness, which impact the body and mind in a variety of ways, and to create social and psychological therapies to counteract it.

For instance, loneliness may change immune system cells' propensity to stimulate inflammation, which is required to aid in our bodies' ability to heal from wounds, according to Dr. Cole. However, prolonged inflammation raises the chance of developing chronic illnesses. The aforementioned suggests that specific actions can be taken to lessen elderly people's sense of loneliness.

5-1-2 social measures to reduce loneliness

Personal Connections
— The fundamental human need for social connection and affinity with those around them is also shared by older people.
— Seniors don't necessarily have to socialize with others their own age.
— They can also seek support from friends and family, regardless of age.
— Social media allows seniors to stay in touch with their friends even when they are far away, making it an excellent replacement for face-to-face conversations wherever feasible.
— The major objective of focus groups might also be to build and preserve relationships. Seniors can take advantage of this opportunity to socialize with new individuals.

A Sense of Community :

As people age, their social environment undergoes several changes due to factors including retirement (loss of role), spouse death, friend and family death, and the onset of age-related sensory loss and mobility issues. It's been claimed that growing older is basically a series of losses that need seniors to modify their behavior to fit into ever-changing social and physical contexts. (Dykstra, 2009,)

For older folks, feeling a part of the community can be a powerful source of emotional support. This will benefit senior citizens' mental health, particularly if they believe they are making a significant contribution.

There are several ways to assist your elderly family members in getting out and about in their neighborhood, which will enhance their wellbeing. For instance, you may direct your loved one to a senior-friendly local transportation service if they wish to go grocery shopping or attend church.

A Sense of Purpose

Older people who have a strong sense of purpose are less likely to experience symptoms of anxiety and depression. For example, individuals may choose to positively influence their local communities by volunteering. On the other hand, elderly people have greater abilities. Taking up new or rediscovered hobbies can help older people live better lives. They can also find new things to interest themselves in. Another social support tactic that has been proven to work is aiding the younger generation.

5-2- Dementia and its Preventive Measures

- Mental Health and Stimulation
- Dementia can be avoided with mental stimulation.
- This is something that many people who are becoming older require.
- As individuals age, they will need more help to engage in the things they want to do.
- However, before they get to that point, there are a few ways to support their mental health
- Ensure that your loved one attends social events with the family as one of them.
- Meeting this psychological need is another method that other family members can help you reach your objectives.
- Motivate senior citizens to continue reading and take advantage of new educational opportunities.
- You might also find some brainteasers or word games to play with them.
  - Emotional Expression
- The capacity for self-expression of their elderly patients is one of the psychological demands that professional caregivers must attend to.This is more of a daily life issue than it is an extension of conventional hospice care. Including senior citizens in decision-making processes that will impact them is a crucial component of delivering home care.

- Generous family members may not be able to look past the physical health problems that older individuals face. You cannot just go through the motions when providing care for elderly patients.
  - Emotional Support
- Elderly residents at nursing homes frequently experience anxiety and depression. This could be due to a variety of factors, such as their discomfort in their new environment or the fact that their caretakers do not prioritize their emotional well-being.
- Make sure your loved one's caretakers are not ignoring the elderly's need for expression and a listening ear.
- Inquire about your aging parent's enjoyment of their stay in the nursing home, whether they are being talked to, and whether their carers are interested in their interests.

5-3 Causes of psychosocial problems of the elderly

Substance Abuse

For senior citizens, aging-related anxiety poses numerous challenges. Substance abuse is one undesirable coping method that older persons may adopt as a result of moving out of their homes, fearing dementia, and other concerns.

Family Issues :

Anxiety and low self-esteem are common symptoms experienced by elderly people dealing with family issues. By talking with their loved one, we can help them overcome their anxiety and despair. We can also assist them in resolving these family difficulties and developing coping mechanisms in case they resurface.

In the last 10 years, there has been an increased focus on the complexity of aging family connections brought about by competing emotions between generations, inconsistent reports about these bonds between generations, and patterns of change in the perceived quality of marriage interactions. This section looks at theories of later-life family relationships and the empirical evidence that supports them. These theories have advanced the field by challenging long-held beliefs about the emotional harmony of adult relationships between generations, the validity of a late-life rebound in marital satisfaction, and the agreement between generations regarding how relationships are perceived. (Silverstein & Giarrusso, 2010)

Reduced Self-Esteem

A patient's confidence and self-esteem may suffer as a result of their condition. Dementia and other disorders can cause fear and sadness in older people. Here, positive encouragement is crucial. Invite the senior patients under your care to try something different or return to previous goals. Their mental health and sense of self-worth will gain a great deal from this. If their family support them, older patients might also be more receptive to suggestions, such as changing their course of therapy or taking in care from professional caretakers.

Hygiene and Health Care

The elderly's reduced organ function and physical degeneration make it harder for them to exercise. Because of these reasons, personal hygiene is an important topic to research. Because personal hygiene affects one's health, safety, comfort, and general well-being, it is important and needs to be taken into account. People's behavior when it comes to personal hygiene is influenced by social, cultural, and personal factors. When someone is ill, hygiene is often neglected, especially among the elderly. (Paramita, 2021, p 69)

Elderly people may lose the ability to maintain their look due to dementia and diminished cognitive function. Although it may be corrected, this unintentional self-neglect can be among the more upsetting psychosocial elements of aging. Families can assist their elderly parents with grooming if appearances are a concern. Providing them with clothing, maintaining their hygiene, and stopping by to assist with washing are all tried-and-true methods of enhancing the quality of life for senior citizens. Prepare yourself to tell them you love them and simply want the best for them—that is, to talk to them honestly and kindly about their age.

Stress

An aging adult may be stressed by many factors. Seniors may experience stress due to a lack of financial support, an age-related condition like hearing loss, or even dementia. The body will go into "fight or flight" mode in response to stress, whether it comes from inside or outside sources. The human body responds to stresses in a variety of ways, which is sometimes referred to as the "stress response." These methods are meant to assist in getting the body ready to react to the circumstance more quickly. On the other hand, the stress response will not be beneficial in the long run. (Ashani, 2023)

6- The Elderly Diversity of the Elderly Needs

There are individual and cultural variations in the social requirements of older persons, according to research findings. It's possible that certain cultures actively include and assist their elderly more than others. Furthermore, not everyone believes that happiness requires a large social network. It is important to keep in mind that older persons' personalities, desires, expectations, and cultures all play a role in their social demands.

6-1- The need for proximity

Our social network typically shrinks as we become older, and we tend to communicate with friends and family less frequently. Not only are relationships with close friends and family members crucial, but so are interactions with neighbors and other community members. A close-knit support system will enhance older persons' sense of security, coziness, and community.

6-2- The need for meaningful relationships

In addition to providing affection, meaningful social relationships can contribute to a sense of respect and purpose. Studies have demonstrated the value of social networks, which comprise friends, neighbors, relatives, and other people of the community. Even small talk with

total strangers might help older folks feel better about themselves and meet some of their social requirements. Older folks can benefit immensely from having a close-knit social network because it can enhance their independence and well-being. That said, most older folks fear being seen as a burden by their friends and family or becoming one themselves.

Fig 1. Conceptualizing age-friendly communities Source : (Menec et al., 2011, p 484)

6-3- The need for reciprocity

Both closeness and deep connections are correlated with reciprocity: relationships appear stronger when there is some reciprocity. In addition to taking from others, reciprocity entails lending a hand, being a friend, supporting others, and giving back to the community (e.g., by volunteering or lending a helping hand to neighbors). An essential component of older individuals' sense of autonomy and purpose is feeling productive.

These results allow for the formulation of the following recommendations to meet the social requirements of older adults:

− When creating and putting into practice treatments to meet the social needs of older persons, take individual and cultural characteristics into consideration. Not every individual has the same social needs.

− To foster a feeling of purpose and community belonging in older individuals, encourage them to participate in volunteer activities that make use of their skills and abilities.

− Interventions that promote social engagement and connections among older individuals should also receive special attention. To meet their demand for deep connections with neighbors, community hubs that offer a single point of access to a variety of cultural and recreational programs and services (like public libraries) can be especially promising. (McMaster University, 2018)

Using Demographic Research to Assess and Improve Health, and Reduce Disability. Demographic research can be used to evaluate the effects of population aging on the worldwide burden of chronic illness and disability as the number of older people increases. It is possible to identify health and economic patterns, which aids in focusing research possibilities on the origins and effects of these trends.

As mentioned in the preceding Story of Discovery, special efforts are in progress to more accurately pinpoint the elements that have directly contributed to the recent declines in disability. Previous studies on health and demographics have offered some hints, pointing out the biological, social, educational, and public health factors that influence health and function. Additional study will look at particular trends that could accelerate the decline in disability, like better health-related behaviors, higher levels of education among the elderly, better availability and performance of assistive technology, disease prevention, and improved care for conditions that cause disability. (National Aging n.d)

7- Algerian Analytical Study :

14 millions chronicles patients in Algeria are among the more than 28 million social policyholders connected to the CNAS, and around 6 million quantity cards have been issued thus far. (D (2011)

Nearly 57% of deaths in Algeria are caused by chronic diseases, with 66% of those deaths occurring in people aged 30 to 69, according to PR Soraya BELAMRI, head of the National Institute of Public Health's (INSP) section on medical causes of death. (In 2021, Rédaction AE)

7-1- A Category in Emergence

Extensive research has not been conducted on the elderly to evaluate their circumstances and challenges. However, beginning in the late 1980s and early 1990s, a decade characterized by the multiple traumas brought on by Algeria's multifaceted problem (terrorist, economic and cultural crises, etc.), there are indications ahead of time that may raise concerns. The age pyramid is changing, with its base contracting and its apex expanding7; the demographic shift is verified; the mass migration brought on by terrorism has undermined families and reduced solidarity; Seniors are also more vulnerable to the effects of the global crisis and the loss of purchasing power; the number of older persons divorcing is a driving force behind the state's efforts to create new infrastructure to accommodate them. From the 2000s, the first major studies appeared on this category.

The emergence of this category requires changes in the management methods. While traditionally, seniors constitute the symbolic base on which the whole family is based and their care, and that in the event of decrepitude or illness, it naturally reached the members of their family or their entourage (neighbors, villagers), it will be feasible in the 21st century where it will be necessary to face three transitions: a demographic transition. (Yacine, 2016)

Law No. 10-12 of December 29, 2010, Algeria's "a real program law" for the protection of the elderly's rights to dignity, health (free care, art. 14), protection (penalty and specific

sanctions to any transgression of laws for the protection of the elderly), and 18 laws permitting the granting of a pension equal to two thirds of the SNMG to any person over 65 who does not have an income. The Minister of Solidarity also declared that any senior who is not in possession "of a national old age card" will be endowed with benefits related to health, transportation, and other areas.

7-2 How to Improve the Needs and Quality of Life of the Elderly in ALGERIA

− One of the fundamental requirements for wellbeing is housing. Seniors who need to exercise and rest must have access to amenities like ramps, elevators, and comfortable seating.

− According to elders surveyed, the most common want in their expectations is for health and safety (Saha Oua Setr). Seniors' physical and mental faculties gradually or violently deteriorate, necessitating more care, medication, and expensive investments that few families can make without government assistance.

− When parents can "be quiet with the feeling of accomplished duty" and feel confident in their children's future, their well-being is reinforced;

− A significant role for spirituality plays in this well-being: "Reading the Koran, making my prayers," and, for those who haven't had the chance, "travel to Mecca" are powerful aspirations. (Mouni, 2013)

8- Conclusion :

Demographic Research for Health Assessment, Improvement, and Disability Reduction. With an increasing number of people becoming older worldwide, demographic studies can be used to assess how population aging will impact the global burden of chronic disease and disability. It is feasible to identify areas that warrant further investigation into the causes and consequences of economic and health trends. Research is being conducted to expand the data on the expenses and burdens of diseases. There has been a lot of discussion about the possible incorporation of biological indicators of health in social surveys. Demographic research is also proposed in order to comprehend the causes of Algeria's increasing old age life expectancy. and to be more specific about how changes in life expectancy, health, and disability impact national retirement and health policy.

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