

## TITLE PAGE

### **Rural communities in CESW Africa and Latin America: Contexts for well-being of older adults**

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## Title

Rural communities in CESW Africa and Latin America: Contexts for well-being of older adults

## Abstract

The UN Decade of Healthy Ageing urges communities to create environments that support older adults. Yet rural communities may be overlooked and have limited capacity to be supportive. A scoping review was undertaken to determine the state of knowledge of elements of rural communities influencing well-being of older adults in CESW<sup>1</sup> Africa and Latin America. Thematic analysis highlighted three community domains: local environments, community relationships and cultural identity. Findings highlight communities' limited control over external services, infrastructure and formal partnerships that influence well-being of older people. Community capacity to support older persons must be evaluated in light of these constraints.

**Key words:** Rural communities, remote communities, older adults, well-being, Latin America, CESW Africa

The authors declare no competing interests.

Wordcount: 6544 (abstract excluded, references included)

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<sup>1</sup>We use Central, East, Southern and West (CESW) Africa as opposed to sub-Saharan Africa which is increasingly viewed as a problematic binary and is not a category recognised by the African Union.

## Introduction:

In its call for action to improve well-being of older persons, The United Nations Decade of Healthy Ageing (2021-2030) positions communities as particularly important. It calls for nations around the world to ensure that communities foster the abilities of older people, by creating age-friendly environments that are good places to “grow, live, work, play and age” (WHO, 2020).

The global interest in age-friendly communities is an indication of the salience of communities as a focal point for ageing. Yet community action to support older people requires community capacity to do so. In the preface to her book on Environments of Ageing, Peace articulates this question for researchers, challenging us to “consider how older people in specific circumstances find their environment enabling or disabling” (Peace, 2022, p.xvi).

Our interest in conducting this study was to advance the global conversation about communities and the well-being of older adults. We focus on rural communities in the global south where the proportion of older persons is higher than in the global north (Amoah & Phillips 2020) and where communities themselves may be marginalised (de Lima Santos & Mesquita, 2021). The purpose of this study was to determine the state of knowledge of the elements of rural communities across CESW Africa and LA that may enable or constrain older adults’ well-being.

## Methods

### *Study design:*

Scoping review methodology was chosen as it is an appropriate approach to synthesise research on a broad topic area to articulate the current state of knowledge and address research gaps (Arksey and O’Malley, 2005; Colquhoun et al., 2014; Peterson et al., 2017,). For this study, the scoping review was conducted following the PRISMA-Extension Guidelines (Tricco et al., 2018).

To enable a comprehensive review of publications from the regions of Latin America and CESW Africa, specific databases were used based on region and language. Searches were completed both in English and in Spanish, the main languages of the regions, using standard and region-specific databases. No language filters were used in the searches, thus allowing for articles in Portuguese, French and Africaans. Eleven databases were searched: 7 in English; 4 in Spanish. Using English search terms, the databases MEDLINE, CINAHL Complete, PsycInfo, SocINDEX with Full Text (via EBSCO), Web of Science Core Collection, Scopus, Social Care Online, Sociological Abstracts, AJOL African Journals Online, and SciELO citation index South Africa were consulted. Using Spanish search terms, the databases SciELO citation index in Spanish, LILACS (Spanish acronym for Latin American and Caribbean Health Science Literature), CLASE (Spanish acronym for Latin American Citation in Social Sciences and Humanities), and DialNetPlus were consulted. A detailed description of the search methodology is available at Curreri et al. (2022).

Region-specific databases offer access to local journals and studies that may not be accessible through standard, English language database searches. The distinct search and extraction methods across the databases require more ground work in organising and consolidating results, but result in a more comprehensive and exhaustive review. A multi-national multi-

1 lingual team of researchers from the two regions allowed for the multiple language search and  
2 inclusion of results in the main languages of the regions: English, Spanish, Portuguese,  
3 French and Afrikaans. No articles in French or in Afrikaans met the screening criteria.

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5 ***Inclusion and Exclusion criteria:***

6 Inclusion criteria included peer-reviewed sources published between 2010 and 2021; in  
7 English, Spanish, Portuguese, French or Afrikaans; from a Latin American or CESW African  
8 country. The key search terms were determined in English and Spanish maintaining culture-  
9 specific terms for the main concepts. The population of interest was rural and/or remote  
10 communities. Following initial searches, two sub-concepts: community characteristics and  
11 older adults were added to reduce the large quantity of irrelevant results. The context of  
12 interest was the countries of Latin America (20), and CESW Africa (48). Papers were  
13 excluded if they did not meet these criteria or if the full text was irretrievable.  
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17 ***Search Terms:***

18 Key words were determined in English then translated into Spanish. For both sets of terms,  
19 consultations with team members whose native language was English or Spanish confirmed  
20 appropriateness of local syntax, terminology and relevance. Blocks of key terms were created  
21 for population, concept, and context, and were used in different combinations to ensure  
22 exhaustive searches. Where a database limited the number of search terms, search trials were  
23 performed to capture the most relevant results.  
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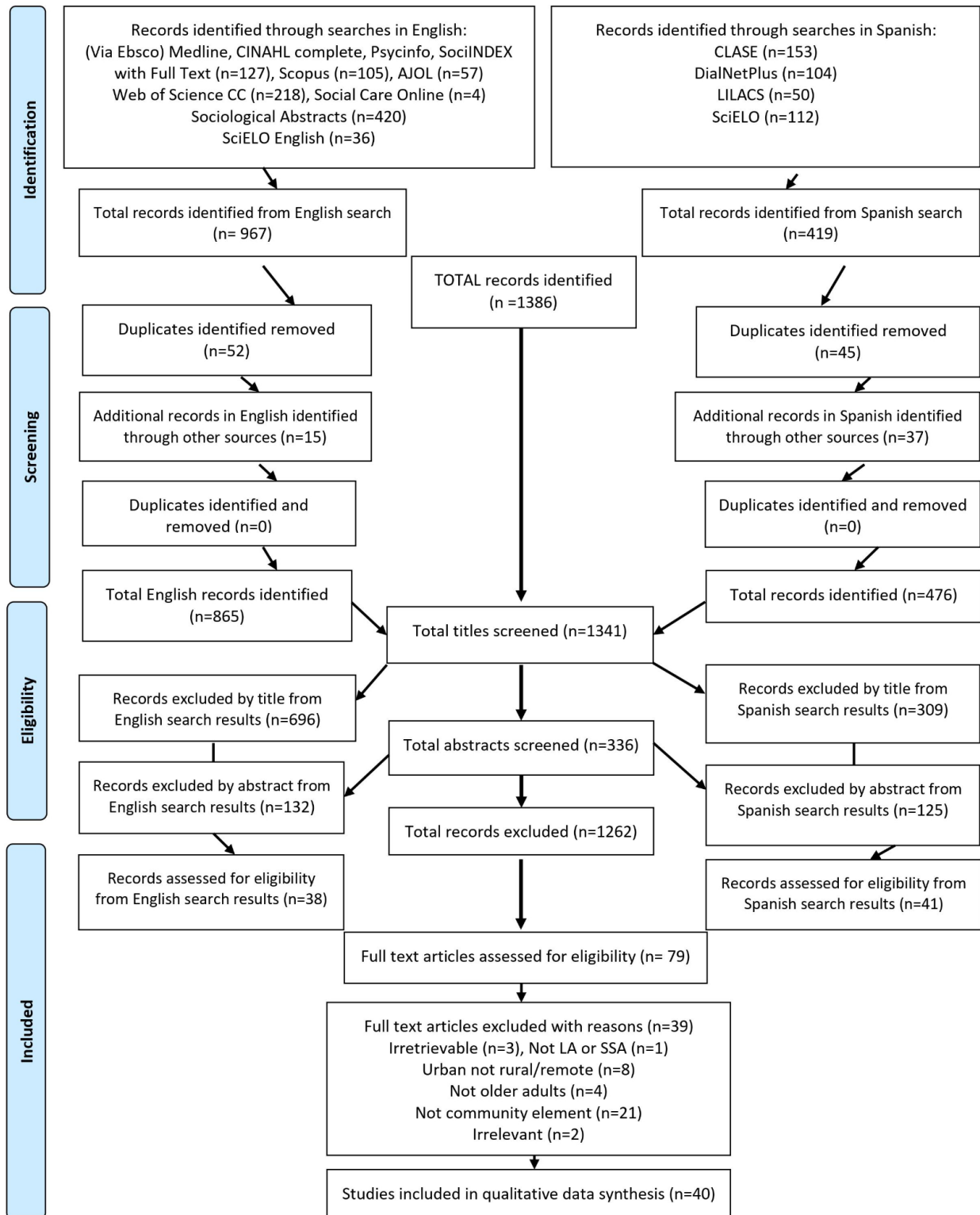
26  
27 ***Data extraction:***

28 After removing any duplicates and adding key articles, 1,341 records were identified. These  
29 were first screened by title by two independent reviewers, one for English and one for Spanish  
30 records. A third reviewer screened the titles in Portuguese, French and Afrikaans, and served  
31 as second reviewer for English and Spanish titles. Any discrepancies were discussed and  
32 resolved. This phase excluded 696 records in English and 309 in Spanish, Portuguese, French,  
33 Afrikaans. Abstract screening was performed in the same manner, yielding a total of 79  
34 records for the full text screening. Full text screening excluded 39 articles based on the  
35 inclusion criteria, resulting in 40 articles identified for inclusion in the qualitative synthesis.  
36 No articles in French or Afrikaans were part of the final set of articles  
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40 Full text review was also completed by two researchers, one extracting data from the English  
41 language results, the other from the Spanish and Portuguese language results. To ascertain  
42 reliability, data were extracted by both researchers from a small random sample (n=4) of  
43 Spanish and Portuguese articles also available in English, and a small random sample of  
44 articles retrieved from the English search (n=8). Where there was disagreement, reviewers  
45 discussed their decisions and were able to reach consensus regarding inclusion.  
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48 Extracted data were inserted into an excel spreadsheet, then reassessed and regrouped through  
49 an interactive process into more specific codes in preparation for thematic analysis (Braun &  
50 Clarke 2006). This process led to ten codes on community elements influencing older adults´  
51 well-being. These were re-examined and reorganised by the researchers into three main  
52 themes with subthemes. Table 1 provides country, study design, and relevant theme(s) for  
53 each paper.  
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Figure 1. PRISMA flow chart



[Insert Table 1 Thematic Coding near here]

[Insert Table 2 Thematic Coding Legend near here]

**Results**

Sixty-three percent of the studies included in this review (n=25) represent Latin America and 45% (n=18) represent CESW Africa. Eight CESW African countries are represented, and eight Latin American: Ghana, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zambia, Zimbabwe; and Argentina, Brazil, Chile, Colombia, Cuba, Ecuador, Guatemala, Mexico. The majority of the studies are qualitative, presenting the views of the residents of the communities, older adults, family caregivers, health and care workers/providers, traditional healers, volunteers, and community members. In response to global policy about communities, the insider perspective lends a critical realistic lens (Scott, 2007).

Results indicate three main elements of communities that are important in supporting the well-being of older adults. They are: local environments, community relationships, and cultural identity.

Evidence from the review shows that with a few, localised exceptions, rural communities across CESW Africa and Latin America are not adequately resourced to maintain these three elements.

***Theme 1 Local Environments***

Eighty-three percent of the studies (n=33) present data on the relevance of local environments to the well-being of older residents (see Table 1). Featured in these studies are natural and built environments that influence access to services and livelihoods. Salient features of local environments are: lack of local infrastructure; community ability to support local industries; and community capacity to prevent land degradation and ensure water security.

***Infrastructure***

Twenty-six studies address challenges arising from lack of community infrastructure and health services and difficulty accessing these services at a distance.

There is little evidence of the presence of infrastructure to enable older residents to go outside of their communities. Studies in Ecuador, Brazil and Tanzania report that leaving or entering their communities is difficult because of terrain that is high altitude, or roads are impassable during the rainy season (Waters & Gallegos, 2014; Borghi et al., 2013; Porter et al., 2013). Transportation infrastructure in both regions is commonly described as precarious. Researchers in Chile, Ecuador and Tanzania describe roads that are poor quality and unpaved (Gallardo-Peralta et al., 2016, Waters & Gallegos, 2014, Porter et al., 2013). Even within local communities, limited public lighting at night restricts movement (Gallardo-Peralta et al., 2016, Rodriguez et al., 2016).

The majority of studies address healthcare in rural communities. There were no studies on services such as food, clothing or banking. One study provided data on housing in Tanzania with the oldest heads of households to be more likely to have earth floors and wattle and daub constructions (Mshamu et al., 2020). However, research on health clinics illustrates widespread issues of access. Clinics are rarely located within rural communities and distance

1 to clinics is a barrier in both regions. At best, health clinics are in the next village (Ibanez-  
2 Gonzalez & Tollman, 2015), though for many they are several hours walking distance away  
3 (Chimberengwe & Naido, 2019, Pelcastre-Villafuerte et al., 2017, Waters & Gallegos, 2014,  
4 Chang et al., 2019, Ibanez-Gonzalez & Tollman, 2015, Borghi et al., 2013, Olusanya et al.,  
5 2016, Parmar et al., 2014, Pelcastre-Villafuerte et al., 2020, Omotayo & Aremu, 2020, Porter  
6 et al., 2013). Unaffordable transportation costs prevent older people from reaching care  
7 facilities (Waters & Gallegos, 2014, Pelcastre-Villafuerte et al., 2020). Affordable public  
8 transportation is virtually absent. Only one study described local transportation, a bus service  
9 in a Brazilian community that transported older people to and from the local health unit and  
10 around the village (Rissardo & Carreira, 2014).  
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12  
13 Overall, shorter distances between an older adult's home and a healthcare facility are  
14 associated with higher likelihood of seeking care (Olusanya et al., 2016). However, even  
15 when available, the quality of care is reduced due to small physical structures, high turnover  
16 of staff, limited hours and waiting times, and confusion caused by the variety in types of care  
17 (Rissardo & Carreira, 2014, Waters & Gallegos, 2014, Borghi et al., 2013, Chary et al., 2012,  
18 Pelcastre-Villafuerte et al., 2020).  
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### 20 21 *Local industry*

22 Thirteen studies address the importance of local environments in providing livelihoods for  
23 older adults who in turn are able to contribute to local economies through industries such as  
24 agriculture, tourism, and artisanry.  
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27 In both Latin America and CESW Africa, the main current or former employment of the vast  
28 majority of older adults is in agriculture (Waters & Gallegos, 2014, Vázquez-Palacios, 2013,  
29 Pelcastre-Villafuerte et al., 2020, Mshamu et al., 2020). Older adults who are small farmers  
30 have limited trading possibilities as they rarely produce a surplus beyond their own  
31 consumption (Porter et al., 2013). Policies favouring commercialised crops compound older  
32 adults' struggle (Omotayo & Aremu, 2020). The growing presence of industrialized  
33 agriculture and intensified production of crops such as sugarcane, exclude older adults from  
34 employment since the work is so physically challenging (Vázquez-Palacios, 2013).  
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39 Against this backdrop of changes in livelihoods is research on how natural resources can  
40 provide a basis for community enterprises that support older people through eco and agro-  
41 rural tourism. Traditional foods, medicines, and natural beauty provide a source of community  
42 income and opportunity to spread traditional knowledge and customs. Research in Ecuador  
43 shows that waterfalls and streams that attract tourists are well maintained by communities that  
44 support this asset (Trujillo et al., 2018). In Mexico, produce from local orchards is sold at  
45 fairs and markets that attract tourists; as do the mountains, caves and rivers, and baths and  
46 massages combined with traditional medicines (Galán-Cuevas et al., 2019). In Colombia  
47 plants from areas settled by indigenous people are used for artisanry and sales to tourists  
48 (Garavito et al., 2021). Skills in creating products from local bamboo are passed on through  
49 the generations by the older adults, maintaining traditional crafts in communities, providing  
50 family income (Camarillo et al., 2020, Borghi et al., 2013, De La O-Romero et al., 2016) and  
51 allowing people living with disabilities to remain active participants (Camarillo et al., 2020).  
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### 55 56 *Land and water maintenance*

57 Eleven studies highlight the maintenance of local land and water sources to be essential for  
58 the livelihoods of older persons.  
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1 For older adults, the land is the most valuable means of production (Vázquez Palacios, 2013).  
2 It is home to a diversity of fauna and flora that sustain the local industries, provide medicinal  
3 remedies, and are used in traditional foods (Galán-Cuevas et al., 2019, Vázquez-Palacios,  
4 2013). Indigenous plants aid in alleviating food and nutrition security in Mexico and South  
5 Africa (De La O-Romero et al., 2016, Omotayo & Aremu, 2020, Pelcastre-Villafuerte et al.,  
6 2020). However, the intensification of industrial agriculture, brewery and lumber industries,  
7 and mills, has resulted in lower crop productivity, a decrease of forest coverage, and the  
8 disappearance of some species of fauna (Barrasa García, 2012). Widespread clearing of  
9 vegetation and contamination of the water in the areas where fish reproduce such as  
10 mangroves, lead to the reduction in the variety and quantity of fish (Vázquez-Palacios, 2019).  
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14 Water security is an issue in both Latin America and CESW Africa. Residents in the Fakcha  
15 Llakta community in Ecuador indicate major concerns about water contamination and scarcity  
16 (Trujillo et al., 2018). In South Africa, water infrastructure is threatened by inadequate  
17 maintenance, vandalized infrastructure and ownership not entirely under community control  
18 (Hove et al., 2019). Communities in Tanzania and South Africa are challenged to provide  
19 access to clean water because of unregulated community wells and public taps and  
20 contaminated rivers and lakes (Mshamu et al., 2020, Hove et al., 2019); while in Nigeria,  
21 costs to dig wells to provide safe water are prohibitive (Nwankwoala, 2011). Few families  
22 have piped water available in their homes, and it is common for water to be between 10  
23 minutes to 30 minutes walking distance away (Porter et al., 2013). Water is also necessary for  
24 agriculture as are irrigation systems that minimize waste (Setshego et al., 2020). Barriers to  
25 community-based water management programs in South Africa include limited capacity in  
26 administration and financial management (Hove et al., 2019)  
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### 31 ***Theme 2 Community Relationships***

32 Sixty-five percent (n=26) of studies represent formal and informal connections that comprise  
33 the social fabric of a community (see Table 1). Formal partnerships and strategies operate as  
34 agreements between a community and external organisations and/or regional/national  
35 multisector agencies, to provide programs or services. Within communities, groups such as  
36 clubs and seniors' associations can foster a sense of belonging and trust, protect older adults'  
37 rights, and support community change and development.  
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#### 41 *Formal partnerships, strategies, & programs*

42 Partnerships, collective strategies, and programs are highlighted in 18 studies. Agreements  
43 between community agencies and regional or national agencies, or external service providers  
44 are intended to secure the delivery of coordinated efforts of service and infrastructure that can  
45 be supportive to older adults.  
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48 Researchers in Argentina (Rebollo & Paz, 2019) and Cuba (Rodriguez et al., 2016) argue that  
49 community development can be enhanced through shared social policies across sectors.  
50 Evidence comes from Mexico, where community and external groups collaborate on  
51 agricultural production (Vázquez-Palacios, 2013). In the Inca culture, the internal  
52 management of the community by the community is a traditional practice; the Quechua word  
53 *minga* denotes a community strategy of rotation of duties shared amongst community  
54 residents (Trujillo et al., 2018).  
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58 Examples of efforts to create partnerships to benefit older adults are found in nearly every  
59 country included in this review (Wiru et al., 2017, Parmar et al., 2014, Pelcastre-Villafuerte et  
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1 al., 2020, De La O-Romero et al., 2016, Pereira & Santos, 2018, Borghi et al., 2013,  
2 Chimberengwe & Naido, 2019, Tungu et al., 2020, Reyes-Rincón & Campos-Uscanga, 2020).  
3 From pension and health insurance plans to training and management programs of village  
4 health workers and multidisciplinary indigenous health teams, strategies directed at rural older  
5 adults are agreed upon with communities. Yet communities appear to have little power or  
6 capacity to administer or deliver such benefits (Rissardo & Carreira, 2014). The lack of  
7 funding and other resources halt community-based possibilities like educational programs in  
8 Uganda (Chang et al., 2019).  
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### 10 *Community groups*

11 Eleven studies provide evidence of community groups linking older adults to each other and  
12 to the greater community. Examples are: senior clubs, faith-based groups, indigenous groups  
13 and neighbourhood collectives, that promote active community participation in South Africa,  
14 Chile, Mexico, Colombia, and Tanzania (Ibanez-Gonzalez & Tollman, 2015, Gallardo-Peralta  
15 et al., 2015, De La O-Romero et al., 2016, Gallardo-Peralta, 2013, Porter et al., 2013). Social  
16 participation of older adults also occurs through public positions and roles in councils and  
17 rituals (García-Acosta et al., 2016, Gallardo-Peralta, 2013). Community hypertension clubs in  
18 Zimbabwe deliver education on self-care and training on medicines (Chimberengwe & Naido,  
19 2019). Nigerian community members participate in the maintenance and operation of water  
20 projects for example through creating accountability with community committees  
21 (Nwankwoala, 2011).  
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26 Challenges in developing and maintaining community connections are apparent in lack of  
27 privacy in small villages with dense social ties that increase negative gossip and socio-  
28 economic divides in Argentina (Rebollo & Paz, 2019). Studies have shown sporadic and  
29 limited community connections and support in Cuba (Rodriguez et al., 2016) and Ecuador  
30 (Waters & Gallegos, 2014).  
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### 34 ***Theme 3 Cultural Identity***

35 Sixty-three percent of the studies (n=25) addressed the relevance of cultural elements of  
36 communities to the well-being of older adults (Table 1). Community cultural identity  
37 incorporates languages, values, traditions, and practices that can foster inclusion of older  
38 adults, though ethnic minorities risk marginalisation. Three main categories of community  
39 cultural identity emerged: values and traditions, cultural practices, and language.  
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#### 42 *Values & traditions*

43 Fourteen studies address the importance of recognition and respect of diverse values and  
44 traditions by community and external members. There is evidence of a socio-cultural divide  
45 between external service providers and indigenous older adults (Waters & Gallegos, 2014).  
46 Indigenous older persons in Chile manifest physical symptoms and higher rates of depression  
47 (Gallardo-Peralta et al., 2016, Gallardo-Peralta et al., 2015). Belonging to specific ethnicities  
48 or religions is associated with lower rates of having health insurance in Senegal and Ghana  
49 (Parmar et al., 2014), and food insecurity in South Africa (Omotayo & Aremu, 2020). Older  
50 adults fear losing their native legends, customs, and traditions (Hove et al., 2019, Rodriguez et  
51 al., 2016) to which they are deeply attached, and that guide their spiritual and medical  
52 decisions (Pelcastre-Villafuerte et al., 2020).  
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#### 57 *Practices*

58 Community cultural practices (14 studies) foster inclusion of older adults in community  
59 participation. Traditional knowledge is commonly transmitted orally by the older adults  
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1 (Garavito et al., 2021), spanning local craftsmanship (Camarillo et al., 2020), native plants  
2 (Garavito et al., 2021), and ethnic specific beliefs like the Kaingang indigenous cosmology, in  
3 Brazil (Borghi et al., 2013). Cooking and cosmetics using local indigenous plants alleviate  
4 some older adults' food insecurity while maintaining traditional recipes and folk practices in  
5 Mexico and South Africa (Barrasa García, 2013, Omotayo & Aremu, 2020, Setshego et al.,  
6 2020). Using traditional dramas and songs to transmit health education in Zimbabwe  
7 (Chimberengwe & Naido, 2019) and health promotion actions in Brazil (Pereira & Santos,  
8 2018) enhances older adults' inclusion. Water awareness practices, transmitted by elders in  
9 rural Ecuador, are helpful in gathering community commitment to sustaining water through  
10 intergenerational education and training (Trujillo et al., 2018).

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13 There is evidence of inequality in health care practices where older adults are treated poorly  
14 and made to wait for medical attention even if arriving first in healthcare centres (Pereira &  
15 Santos, 2018, Tateyama et al., 2019). Traditional remedies are favoured by many older people  
16 who perceive traditional remedies and healing practices as more reliable, more trusted, and  
17 more easily accessible than external healthcare (Chimberengwe & Naido, 2019, Waters &  
18 Gallegos, 2014, Ibanez-Gonzalez & Tollman, 2015, Barrasa García, 2013, Pelcastre-  
19 Villafuerte et al., 2020, García-Acosta et al., 2016).

### 22 23 *Language*

24 In eight studies, language emerges as an important element of community cultural identity.  
25 Most examples of exclusion based on language come from difficulties with access to health  
26 services. Older adults often speak native indigenous languages (Galán-Cuevas et al., 2019).  
27 Their language preferences and abilities are barriers to receipt of services (Waters &  
28 Gallegos, 2014, Borghi et al., 2013, Chary et al., 2012, Pelcastre-Villafuerte et al., 2020).

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31 Health services providers are often external to a community and do not share culture or  
32 language with older users, impeding communication and producing fear in the elders  
33 (Pelcastre-Villafuerte et al., 2017, Waters & Gallegos, 2014, Borghi et al., 2013). In both  
34 Mexico and Brazil, language is a barrier to diagnosis and treatment (Pelcastre-Villafuerte et  
35 al., 2020; Rissardo & Carreira, 2014).

### 38 39 40 **Discussion**

41  
42 The results of this review provide evidence of elements of rural communities that are  
43 important in fostering well-being of older adults, but that also may lead to well-being failures.  
44 Together they provide a basis for understanding areas of emphasis for building community  
45 capacity, addressing knowledge gaps and moving toward a "good fit" between community  
46 environments and older persons.

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49 Themes of local environments, community relationships and cultural identity reflect previous  
50 research and theorising in environmental gerontology and rural ageing about the importance  
51 of community physical environments, social connections, and inclusion (Winterton et al.,  
52 2020; Bigonnesse & Chaudhury, 2020; Mahmood & Keating 2012; Bhuyan & Yuen, 2021).  
53 They also add to our understanding of the specific circumstances of these communities that  
54 are foreshadowed by Peace (2022) who reminds us that places are constructed within broader  
55 political, social and regional influences and settings.

1 The theme of local environments illustrates the centrality of natural settings of land, water and  
2 topography in supporting livelihoods in agriculture and tourism, and as a source of food and  
3 traditional medicines. Yet the natural environment is also a barrier. Destruction of habitat and  
4 contamination of water sources threaten economic well-being. Communities lack health care  
5 clinics but are unable to provide transport to more distant services because of difficult terrain.  
6 These findings in part reflect those of Winterton et al (2016) who identify the “resource  
7 environment” of natural, built, and service contexts of rural communities as central to the  
8 well-being of older persons. Yet our findings are almost exclusively about the importance of  
9 natural environments. It may be that essential elements of the built environment such as  
10 housing are not seen as a community resource but as an individual responsibility. Lack of  
11 research on community services except for health care seems to be a large data gap given the  
12 importance of a variety of services such as internet connections and banking (UNDESA,  
13 2021).  
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17 The second theme of community relationships includes formal relationships between  
18 communities and outside groups and organisations within communities. Partnerships with  
19 external organisations are not usually a central element in research on community connections  
20 that support older persons. Their presence suggests that communities may use such strategies  
21 to augment their ability to ensure that older adults receive the services they need (Rissardo &  
22 Carreira, 2014). Yet communities in these regions often have limited economic capacity  
23 (Amoah & Phillips, 2021), political influence or administrative autonomy (Kroger 2022). We  
24 do not know the extent to which such limitations hamper communities’ ability to broker  
25 services; or similarly to influence reductions in land degradation, support local producers and  
26 ensure food and water security that are challenges evident in the theme of local environments.  
27 Community-based organisations often are seen as the heart of social connections, especially in  
28 rural communities (Gallardo-Peralta et al., 2016). Our review illustrates findings that support  
29 their importance, but also some evidence that very dense social ties can reduce privacy. A  
30 data gap is the extent to which communities have the resources to organise and support such  
31 activities.  
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36 The third theme, community cultural identity, highlights how community values and  
37 behaviours can include some older adults while excluding others. Recognition and support of  
38 indigenous languages and cultural practices are viewed as important across countries.  
39 However, communities’ ability to influence such things as ethnically sensitive service  
40 provision external to the community may be limited. Prior research illustrates how  
41 experiences of ethnic discrimination contribute to inequalities in wellbeing (Nazroo &  
42 Williams, 2006). They illustrate how even long-standing residents of a community can be  
43 excluded (Walsh, O’Shea & Scharf, 2020).  
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## 48 **Conclusion**

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51 Evidence from this review leads us to three main conclusions. The first is that calls for action  
52 to communities to support older persons must be addressed within constraints of their control  
53 over such actions. Constraints may come from policy responsibility at state or regional levels  
54 for services such as primary health care or from limited resources within communities to  
55 provide basic amenities such as potable water. They also may arise from the designation of  
56 rural communities themselves as “remote” or “bypassed” in ways that may underscore their  
57 exclusion (Keating et al., 2013). Wang (2022) cautions against taking rural at face value,  
58 instead engaging with the language politics of rural research.  
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1 The second is that widespread exclusion of older persons because of language and cultural  
2 traditions warrants attention to address the imperative in recent UN declarations to leave no  
3 one behind. We believe that our framing of the research across two large regions of the global  
4 south and collaborative authorship on this paper, has gone some way toward being more  
5 inclusive of knowledge created in different regions and by researchers who publish in  
6 different languages. There is more to be done in representing communities with indigenous  
7 languages and people whose voices are not heard directly in these research settings.  
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10 Finally, findings do not allow us to make comparisons across regions or to determine country-  
11 specific particularities in community opportunities or challenges to improving well-being of  
12 older persons. Knowing how specific rural places are actually working is the first step to  
13 planning for better places (Gkartzios et al., 2022; Gkartzios et al., 2020) and ultimately  
14 improving the well-being of older persons who live there.  
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## 20 **Disclosure statement**

21 The authors report there are no competing interests to declare.  
22

## 23 **Data availability**

24 The authors confirm that the data supporting the findings of this study are available within the  
25 article [and/or] its supplementary materials.  
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**Tables & Figures list of captions:**

- Figure 1 PRISMA flow chart
- Table 1 Thematic coding
- Table 2 Thematic coding legend

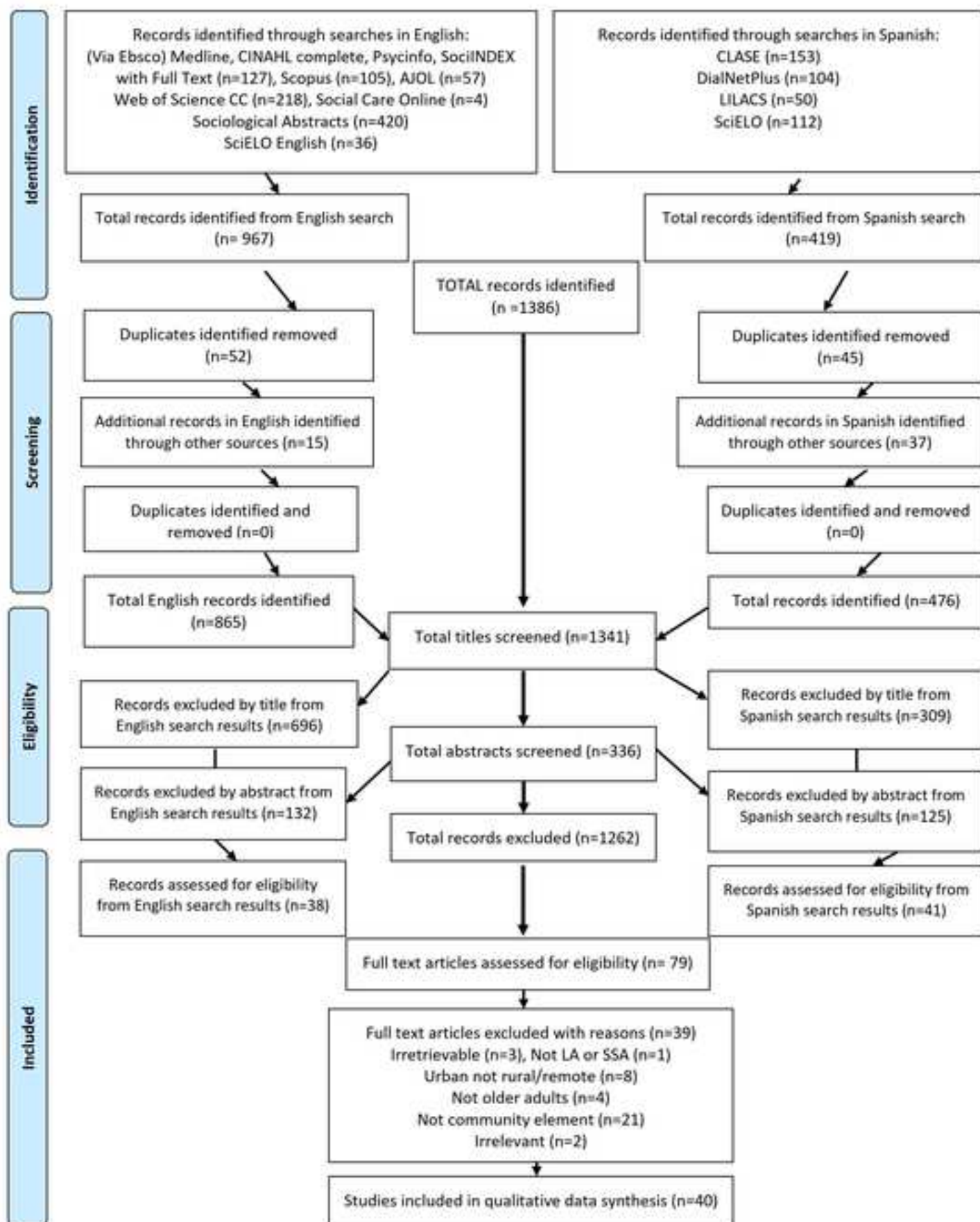


Table 1

<b>Author(s)</b>	<b>Country</b>	<b>Region</b>	<b>Study Design</b>	<b>Study Sample</b>	<b>Theme(s)</b>
Barrasa García, 2012	Mexico	Latin America	Qualitative	37 Older people	A3, C2
Bidwell, 2020	South Africa, Mexico, Indonesia	CESWA, Latin America	Qualitative	136 Participants	A1, B1
Borghi et al., 2013	Brazil	Latin America	Qualitative	28 Older people, 19 Caregivers	A1, A2, B1, C1, C2, C3
Camarillo et al., 2020	Mexico	Latin America	Mixed method	33 Older people	A2, C2
Chang et al., 2019	Uganda	CESWA	Qualitative	47 Participants	A1, B1, C1
Chary et al., 2012	Guatemala	Latin America	Mixed method	23 participants, 80 Older people	A3, C3
Chimberengwe & Naido, 2019	Zimbabwe	CESWA	Qualitative	27 Participants	A1,B1,C2
De La O-Romero et al., 2016	Mexico	Latin America	Mixed method	78 Older people	A1,A2, A3, B1, B2
Galán Cuevas et al., 2019	Mexico	Latin America	Mixed method	81 Participants	A2,A3, C3
Gallardo-Peralta et al., 2015	Chile	Latin America	Quantitative	493 Older people	B2,C1
Gallardo-Peralta et al., 2016	Chile	Latin America	Quantitative		A1, B2, C1
Gallardo-Peralta, 2013	Chile	Latin America	Quantitative	493 Older Adults	B2
Garavito et al., 2021	Colombia	Latin America	Mixed method	14 Participants	A2,C2
García-Acosta et al., 2016	Mexico	Latin America	Qualitative	20 Older people	A1, B2, C2, C3
Gomez-Olive et al., 2010	South Africa	CESWA	Quantitative	6206 Older people	A1, A2
Hove et al., 2019	South Africa	CESWA	Qualitative	24 Participants	A1, A3, B1, C1
Ibanez-Gonzalez & Tollman, 2015	South Africa	CESWA	Qualitative	13 Participants	A3, B2, C1, C2
Kabelenga, 2014	Zambia	CESWA	Qualitative	20 Participants	B2
Mshamu et al., 2020	Tanzania	CESWA	Quantitative	13250 Participants (25%) were 50 yr	A1, A2, A3
Nwankwoala, 2015	Nigeria	CESWA	Literature Review		A1, A3, B1
Olusanya et al., 2016	Nigeria	CESWA	Quantitative	643 Participants	A1, C1
Omotayo & Aremu, 2020	South Africa	CESWA	Quantitative	180 Participants	A3, C1
Parada, 2016	Chile	Latin America	Quantitative	100 Older people	A1
Parmar et al., 2014	Senegal, Ghana	CESWA	Mixed method	4050 Households (Ghana), 2933 Households (Senegal)	A1, B1, C1
Pelcastre-Villafuerte et al., 2017	Mexico	Latin America	Qualitative	44 Olders people, 20 Caregivers	A1, C3
Pelcastre-Villafuerte et al., 2020	Mexico	Latin America	Qualitative	20 Older people, 10 Health providers	A1, A2, A3, B1, C1, C2, C3
Pereira & Santos, 2018	Brazil	Latin America	Qualitative	24 Older people	A1, B1, C2
Porter et al., 2013	Tanzania	CESWA	Qualitative	339 Older people	A1, A2, A3, B2,
Rebollo & Paz, 2019	Argentina	Latin America	Qualitative (Ethnographic)		B1, B2
Reyes-Rincon & Campos-Uscanga, 2020	Cuba	Latin America	Systematic Review		B1
Rissardo & Carreira, 2014	Brazil	Latin America	Qualitative	10 Participants	A1, B1, C1, C2, C3
Rodriguez et al., 2016	Cuba	Latin America	Mixed method	742 Participants	A1, B1, B2, C1

Setshego et al., 2020	South Africa	CESWA	Mixed method	71 Participants	A1, A3, C2
Tateyama et al., 2019	Zambia	CESWA	Qualitative	67 Participants	A1
Trujillo et al., 2018	Ecuador	Latin America	Qualitative	9 Participants	A2, A3, B1, C1, C2
Tungu et al., 2020	Tanzania	CESWA	Quantitative	1899 Older people	A1, B1
Vázquez Palacios, 2013	Mexico	Latin America	Qualitative	30 Participants	A2, A3, B1, C1
Vázquez Palacios, 2019	Mexico	Latin America	Qualitative	20 Participants	A3
Waters & Gallegos, 2014	Ecuador	Latin America	Qualitative	148 Participants	A1, A2, A3, B2, C1, C2, C3
Wiru et al., 2017	Ghana	CESWA	Quantitative	171 Participants	B1



Table 2. Legend thematic codes

Theme	Subtheme(s)	Codes
A. Local Environment	Infrastructure	A1
	Local industry	A2
	Land & water maintenance	A3
relationships	programs	B1
	Community groups	B2
C. Cultural Identity	Values & traditions	C1
	Practices	C2
	Language	C3





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