

Community-based elderly care approaches implemented in low and middle-income countries: A scoping review

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Abstract

Introduction: Globally, the average lifespan has become prolonged in recent years. Strong community-based care services (CBCS) are imperative to maintain the health of older persons when family care falls short. Data on the health and care of older persons in low—and middle-income countries (LMICs) like Namibia are scarce. The review aimed to map the available evidence on CBC approaches implemented in LMICs.

Methodology: The review followed the 2022 Joanna Briggs Institute (JBI) manual for Evidence Synthesis. Rayyan cloud-based software was used to organize, manage, and remove duplicates. The Preferred Reporting Items for Systematic Review and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) were utilized to convey the review's results.

Results: The final analysis included 22 articles. Households with older people need extra income to maintain a similar living standard to those without. LMICs face challenges in building comprehensive and sustainable frameworks to support the older population, struggle to provide adequate pensions, have a significant shortage of skilled geriatrics, and rely on informal caregivers as care homes and primary health care systems are insufficient.

Conclusion: As the challenge of population aging intensifies, strengthening CBC approaches is essential, given that most older persons prefer to age at home rather than in facilities.

Approches communautaires de soins aux personnes âgées mis en œuvre dans les pays à revenu faible et moyen : un examen de la portée

Résumé

Introduction : À l'échelle mondiale, l'espérance de vie moyenne s'est allongée ces dernières années. Des services de soins de proximité performants sont indispensables pour préserver la santé des personnes âgées lorsque les soins familiaux sont insuffisants. Les données sur la santé et les soins des personnes âgées dans les pays à revenu faible et intermédiaire (PRFI) comme la Namibie sont rares. Cette revue visait à recenser les données disponibles sur les approches de soins de proximité mises en œuvre dans les PRFI.

Méthode de l'étude : L'analyse a suivi le manuel de synthèse des données probantes de 2022 du Joanna Briggs Institute (JBI). Le logiciel cloud Rayyan a été utilisé pour organiser, gérer et supprimer les doublons. Les éléments de rapport préférés pour la revue systématique et l'extension de méta-analyse pour les revues de portée (PRISMA-ScR) ont été utilisés pour présenter les résultats de l'analyse.

Résultat de l'étude : L'analyse finale comprenait 22 articles. Les ménages comptant des personnes âgées ont besoin de revenus supplémentaires pour maintenir un niveau de vie similaire à celui des ménages sans personnes âgées. Les pays à revenu faible ou intermédiaire (PRFI) ont du mal à mettre en place des cadres complets et durables pour soutenir la population âgée, peinent à fournir des pensions adéquates, connaissent une pénurie importante de gériatres qualifiés et dépendent des aidants informels, car les maisons de retraite et les systèmes de soins de santé primaires sont insuffisants.

Conclusion : Alors que le défi du vieillissement de la population s'intensifie, le renforcement des approches de CBC est essentiel, étant donné que la plupart des personnes âgées préfèrent vieillir à domicile plutôt que dans des établissements.

Mots-clés : Personnes âgées, personnes âgées, soins communautaires, soins aux personnes âgées, pays à revenu faible et intermédiaire

INTRODUCTION

Today, most people globally anticipate living into their 60s and beyond, and as a result, the number and proportion of older people in the population are rising in every country (1). Improvements in medicine and technology could be the contributing factors (2). This demographic shift has not kept pace with the resources, skills, training/education, research, and government commitment that is required to meet the needs of an increasing number of older adults and to enable them to flourish as valuable members of their communities (3).

To define an older person, the United Nations (UN) accepted the cut-off age of 60 and above as a reference to the older population in many countries, including Namibia (4,5). The shift in the distribution of the countries' aging population started in high-income countries. However, it is now the Low and Middle-Income Countries (LMICs) undergoing the most transformation (6). The World Bank defines Low and Middle-Income Countries (LMICs) based on Gross National Income (GNI) per capita, calculated annually. The following are the thresholds for the fiscal year 2023: Countries with a GNI per capita of \$1,145 or less are considered low-income. GNI per capita in lower-middle-income nations ranges from \$1,146 to \$4,515. GNI per capita in upper-middle-income nations ranges from \$4,516 to \$14,005 (7). As of 2024, an estimated 1.2 billion older people aged 60 and over lived worldwide, constituting about 12% of the world population; of the 1.2 billion, 80% will be residing in low and middle-income countries by 2050 (1,8). Furthermore, by 2030, one in six (1 in 6) people in the world will be aged 60 years or over; the same population will double (two billion) by 2050, while those aged 80 years or older are expected to triple between 2020 and 2050 to reach 426 million (1,9). Namibia's life expectancy at birth is projected to rise from 53.3 years to 64.1 years for men and from 60.5 to 72.1 years for women between 2011 and 2041 (10). Further, according to the findings of the Namibia 2023 Population & Housing Census, the overall older persons (60+) population of Namibia in 2023 was 206675 compared to the 2011 population of 113303 elderly, representing an increase of 29 percent over 12 years (11,12).

Population aging has far-reaching effects on both the elderly and society. Not only are people living longer, but they are living longer in poor health, which may necessitate more extensive medical care, social support systems, and, at times, even long-term care (2,13,14). As people age,

several body systems, including the cardiovascular and musculoskeletal systems, become less capable of meeting the body's needs (15). Hearing loss, cataracts, back pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, cardiovascular diseases, and dementia are among the common health issues that older people suffer (14,16). Therefore, creating a healthy aging environment to reduce the risks and prevent complications of chronic diseases is necessary. Equally, governments will need to keep up with rising welfare expenditures on health and related care services in the coming years. The World Health Organisation (WHO) has recognized that 'without considering the health and social care needs of the ever-increasing numbers of older people, SDG 3 on Universal Healthcare Coverage (UHC) will be impossible to achieve' (1). Subsequently, studies have shown that modernization, urbanization, and the quest for a better living for older people's children have resulted in older persons' neglect and cruel treatment (17–19). Further, the decline of the joint family system, weakened traditional systems of family care for older persons, and the rise of nuclear families have isolated older individuals (14,20). With this backdrop, the need for services to assist older persons is steadily climbing, and the need for nursing homes/home modifications and community services continues to become apparent as time goes on (20,21).

Due to Namibia's increasing aging population, designing a community-based model for improving their quality of life is necessary. There is, however, a dearth of scoping review studies regarding community-based care approaches for the aged in underdeveloped nations, with the researcher finding none conducted in Namibia. The elderly care sector, especially in Africa, remains understudied and has few interventions (22,23). Efforts to collect information on these issues are required. In the same way, Namibia is not mentioned as one of the common countries in Africa that published research on aging-related issues between 2010 and 2020 (3). Consequently, due to a lack of comprehensive information systems for the elderly, Namibia is not ranked by the Global Age Watch (24). It is also described that when there is no sufficient data on older persons, taking action will be like pouring water into a sieve (25). Further, the Namibian National Policy on the rights protection and care of older persons is in the finalization stages before implementation. Therefore, this scoping review is anticipated to map community-based care approaches used in

other LMICs to assist Namibia in providing care for its older population.

MATERIALS AND METHODS

Study design

To map the existing literature on community-based elderly care approaches, the latest Joanna Briggs Institute (JBI) manual for Evidence Synthesis methodologies was adopted (26). This edition follows the JBI methodologies of 2015 and 2017, respectively (27,28). This manual provides a clear methodological and transparent process for our review, which can be replicated. The Preferred Reporting Items for Systematic Review and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) (29) and the Guidance on conducting narrative synthesis in systematic review was utilized in presenting the review's findings (29,30). The PRISMA-ScR was used throughout the review process (screening and reporting) (see Figure 1 study selection flow chart). To limit the occurrences of reporting bias, the objectives, inclusion criteria, and methods for this scoping review were specified in advance and documented in a protocol. The protocol was registered on the Open Science Framework (OSF) on 22 March 2024 and is accessible at: <https://doi.org/10.17605/OSF.IO/45RC2>.

Eligibility criteria

The inclusion and exclusion criteria were determined based on the Population, Concept, and Context (PCC) mnemonic. The main aim of the study was to map the available evidence on community-based elderly care approaches implemented in LMICs. Hence, the review included articles and reports on community-based elderly care approaches, level of care, home-based services, formal and informal care provided to the elderly 60 years and above, both male and female, conducted in low- and middle-income countries, aimed at providing support and improving their quality of life after 60 years. Namibia is classified as a middle-income country. The study focused on LMICs because, according to the WHO (2015), aging around the world poses a global challenge in eldercare. However, the challenge is most felt in the LMICs, where population aging outpaces the development of aged care policies and services (31). Due to the novelty of the subject area, sources of information were broad to help retrieve all full-text primary research studies (quantitative, qualitative, and mixed methods studies), books, guidelines, systematic reviews and scoping reviews and dissertations, newspapers, conference proceedings/abstract and other grey literature

meeting the eligibility criteria, published in English (the researcher understands only English). Papers were also included if they were published between 01 January 2014 December 2023 (because of new area of study, as studies done outside of this time range were scarce and limited in the scope of topics relevant to aging (3) Furthermore, recent publications are likely to reflect current challenges, societal changes, policies, and innovations in older person care that are more relevant to this study, ensuring that the results align with the current legislative environment; studies were also to be published in LMICs to be eligible for inclusion). Articles and reports on older people under 60 years, non-English, conducted in high-income countries before 2014 and after 2023 were excluded. This review is one of the study's objectives in progress in Namibia under the title development of a community-based model for improving the quality of life of the elderly.

The search strategy

The search strategies (Table 1) followed the three steps recommended by the JBI manual(26). 1: performing a preliminary search of published studies in the Science Direct and Google Scholar databases. 2: using the PCC mnemonic key terms of the inclusion and exclusion criteria; and search in Namibia University of Science and Technology (NUST) library database/ EBSCO discovery services, (including major databases such as MEDLINE, CINAHL, SCOPUS, Springer Nature Journals, Complementary Index, Academic Search Premier, Health Source: Nursing/Academic Edition, SAGE Knowledge, Newspaper Source, Open Dissertations, eBook Collection (EBSCOhost), Health Source, African Journals, Science, ERIC, etc.); EBSCO host (contains Medline, CINAHL, Health Source: Nursing academic edition and Academic search premiers, Open dissertations, Newspaper Source and eBook collection); Science Direct; ProQuest Science and Technology, Google Scholar and websites of organizations (World Health Organisation and United Nations were also searched for unpublished 'grey' literature. 3. All reports and articles meeting the review's eligibility criteria were searched to identify additional studies.

Data management

Electronic databases were searched using the finalised search strings. The Rayyan online software (32) was used to organize, manage, and remove duplicates. Reviewers were also invited

onto this APP to participate in the review process. Three independent reviewers carried out the two-step process of selecting the eligible articles. All titles and abstracts produced by the search were reviewed independently by three reviewers (MH, RM, and LA) blinded to each other, based on the inclusion and exclusion criteria. Full papers were retrieved for literature considered potentially relevant. The first reviewer (MH) reviewed the full-text articles chosen in detail. The second reviewer (RM) agreed to the choices of the full-text articles; any disagreement was resolved through discussions or with the third reviewer (LA). After the full-text review, 22 studies were found to have met the eligibility criteria and are therefore included in the synthesis.

Data charting process

Data were extracted from the included literature. A data extraction form (Table 2) was produced in Microsoft Excel for Office 365 (version 2404) by the first reviewer (MH) with a minimum of three eligible articles; this was agreed upon with the other two reviewers before it was adopted. The reviewer extracted relevant data based on the evidence related to community-based elderly care approaches. The following information was recorded: Author(s), year of publication, origin/country of origin (where the study was published or conducted), Study design, sample size (where applicable), aims/purpose, and the key findings that relate to the scoping review question/s. A systematic narrative synthesis was utilized to analyze the results. Results were reported descriptively.

RESULTS AND DISCUSSION

Inclusion and Exclusion criteria

The extracted data items of all eligible articles were tabulated and summarized (Table 2). The main themes and concepts were extracted and presented in the narrative below. The search yielded 238 articles, of which 172 remained after duplicates were removed. A further 150 articles were removed after the title and full-text screening because they either looked at older persons less than 60 years old, were conducted in high-income countries, focused on patients, or looked at specific diseases or conditions and published before or after the inclusion criteria range. A total of 22 eligible articles were included in the final analysis (conducted as 4- India; 3 each from Ghana and Ethiopia; 2 each from Iran, South Africa, and Nigeria, and 1 each from Nepal, China, Bangladesh, South Asia, and Sub-Saharan Africa and middle-income countries), (See the PRISMA

flow chart Fig 1 for selected studies).

Synthesis of Results

Owing to the broad scope of our research question, the results and discussion section are combined and organized according to the main themes that emerged from the included studies. The strength of community-based elderly care approaches in LMICs varies for several reasons, such as economic resources. Some nations have high budgets for social services, others have government policy commitments to inclusive frameworks that prioritize aging populations, and others are falling behind due to a lack of healthcare workforce capacity, cultural attitudes, and public awareness (25,33–36). The recommendations based on the findings are also stipulated as they will benefit developing appropriate policies and long-term funding, bolstering the caregiver education program, and improving the service delivery system.

Pension

In Namibia, support systems such as pension payments and free accessible health care are all available and utilized by older people. The Old Age Pension (OAP) in Namibia is a government-funded social assistance program that provides financial support to Namibian citizens and permanent residents aged 60 years and above. Regardless of their income level or employment history, all eligible recipients get a monthly pension of N\$1,600.00, guaranteeing financial support for all older citizens. The pension system also indirectly supports older persons who are caregivers for their grandchildren and other dependents. Countries like Ghana have the same support systems, but the targeted older people do not benefit from these programs (37). Other countries such as Bangladesh, India, Nepal, and Sri Lanka offer social pensions, too, but they are very low/ below the poverty line (33). The study that estimated the extra cost of older persons in Ghana found that disparity in educational attainment between locations had a detrimental effect on one's ability to secure employment and prepare for retirement, and hence, some older people entirely rely on pension benefits (21). Martey (2022) suggested that extra income be given to households taking care of older persons to improve their welfare outcomes. The data showed that for a home with an aged member to reach a comparable level of living to that of a similar household without an older member, 8% and 24% of additional annual household consumption expenditures were needed in 2012/2013 and

2016/2017, respectively (22). Despite Namibia's OAP, 44.5% of older people are reported to experience multidimensional poverty (38). Meanwhile, 72% of older persons in India were found to be fully or partially economically dependent on others, which increases with increasing age, place of residence, and educational status (39).

Skilled geriatric workforce (Geriatric and gerontology)

The geriatric workforce is the main component of elderly care, and it is scarce in LMICs (3,25,33). In Namibia, geriatrics is not yet an established training pathway. This is a similar situation to countries such as India and Pakistan (33). An older person can present at the hospital with several diseases and be treated by each of their disease specialists/general physician, each prescribing the drug to cure the ailment they have identified; the simultaneous consumption of sometimes more than ten medications may pose side effects for the older person (25,33). Instead, if a geriatrician had been there, the patient would have had a thorough evaluation and treatment. A study done in Iran found that their hospitals are not customized for older persons, either in terms of their physical layout or the care services they offer. They, however, have a skilled geriatric workforce but cannot meet the country's older population demand (25).

Informal carers-specific education and training

Family members in LMICs primarily shoulder caregiving responsibilities. The main issues in this area are the lack of training programs and empowerment initiatives for unofficial home caregivers and the limited financial support (25). In countries such as India, Bangladesh, Nepal, Sri Lanka, and Pakistan, the number of state care homes is conspicuously out of proportion to need, reflecting family caregiving tradition (33). The government's subsidy for elderly care is believed to be too little to meet the elderly's diverse needs, especially those of families that must take care of disabled older persons. These families require specialized training courses to teach them how to care for their older relatives. Due to a lack of training and education for caregivers, they resort to cultural values and their knowledge, and this may lower the standard of care (40). Community-based services for the elderly include meals-on-wheels, clubs, cultural centers, nursing homes, or adult day care, and transportation for the vulnerable, frail, and disabled elderly are required (25). Africa, 2019 recommends government-subsidized dial-a-ride

transport service for the disabled to be available (41).

State long-term care

The studies showed that while aging populations necessitate formalized long-term care policies, many countries lack frameworks to support these needs comprehensively. For instance, China and Iran are starting to recognize the need for public policies and financial models that prioritize long-term elderly care over family-based systems (3,25,36). On the other hand, Kraus & Riedel's (2022) Study on long-term care (LTC) provision in nine large middle-income countries (MIC) across three continents: Algeria, Nigeria, and South Africa in Africa, Brazil, Colombia, and Mexico in Latin America, and China, India, and Turkey in Asia, could not obtain information on home-based care for these countries (42). The institutional care facilities available in these countries are limited and typically concentrated in affluent or urban areas, sometimes even only in the capital region. There is very little access to publicly funded home-based care. Only South Africa has established legal entitlements to LTC services among these countries.

The legislation in Algeria and the three Asian nations has instead shifted LTC liability onto the families. The quality of care provided by families will depend on their financial circumstances (43). This explains why institutional care has only recently begun to exist, while home-based care has long been considered the more acceptable type of long-term care services (42). Following this, some older persons follow the younger generation to cities, leaving their modern networks behind, or some stay in their ancestral homes alone with little help from their families or the community; thus, the "empty nest syndrome" may affect them (44).

Building strong primary healthcare, home-based care, and community-level social services

South Asia, including India, has somewhat stronger public health infrastructure with some government-funded elder care initiatives, though these are still limited and largely urban-focused (34). Ethiopia and other African countries have even fewer primary healthcare facilities dedicated to elder care with minimal geriatric healthcare integration (34). The dependent older adults though, such as those with disabilities and mental illness, need redesigned facilities such as toilets and bathrooms to be able to use them independently as the current design is too classic and narrow; this will help to reduce the

caregiving burden (34). Lack of proper housing for the elderly has a negative impact on their health, their sense of security, and their peace of mind (37). The community can set up a health club specifically designed for older persons. This health club would be a place to improve older persons' social relationships and can serve as a primary healthcare facility as it can serve as a point for social interactions and a source of health messaging; for instance, the Community Health Workers can use it to be conveying issues of geriatric health messages (37). Another study also found that social relations are one of the critical components of healthy ageing (45). The odds of perceiving ill health and activities of daily living limits were lower among older adults who participated in social activities compared to those who did not (46).

On a broader area, members of the HelpAge network realised that to eradicate ageism and prejudice, the issue of population aging had to be tackled through inter-generational approaches (47). However, these grassroots initiatives must be backed by laws, regulations, and programs implemented by the government using a comprehensive and methodical approach to ensure that everyone ages with dignity. Furthermore, with support from the UNFPA Asia Pacific regional office, HelpAge International carried out case studies in several LMICs in 2021, including the Maldives, Vietnam, Sri Lanka, Malaysia, Iran, Indonesia, and India (47). The studies indicated that the policy interventions in each of the case study countries were inevitably implemented at varying stages, reflecting their different stages in the demographic transition (47). Nevertheless, it was discovered that policy interventions adopted were not able to demonstrate a fully rights-based approach – with components like empowering older people and enhancing their social engagement and involvement. This demonstrated the need for more specific criteria to appraise and categorise policy interventions that take a rights-based stance. Thus, population ageing compounded with other development trends like climate change, urbanisation, conflict, and humanitarian crisis, will have a significant impact if policies and programs that address the difficulties systemically are not adopted (33,47). Further, in Iran, the policies are described as idealistic, treatment-based, ideology-based, lacking legal sanction, and oblivious to the infrastructures and prerequisites (25).

CONCLUSION

Despite the government's support for

community-based care, no special services or programs are offered to older persons at the primary/community care level. This review has demonstrated the existence of strategies and programmes available to older persons in LMICs. Studies have, however, highlighted inconsistencies in the delivery of the services, insufficient capacity and skills to deal with geriatric health and social issues, with most of the geriatric care burden being borne by families in already vulnerable situations, and an absolute or relative lack of institutionalised or non-institutionalised programmes being offered for older persons at the community level.

Recommendations: In Namibia, new healthcare policies are urgently needed to support informal caregivers by providing targeted education and training. Policymakers should clearly define the roles of key bodies in aging, including the government, community, private sector, NGOs, civil society, the National Council, and other development partners. As family caregivers lack or become overburdened, the government should proactively fill gaps with accessible, affordable long-term care options. Co-residence should be encouraged through housing policies and financial incentives to support economically reliant older people. Comprehensive care programs for older persons should be integrated into urban and rural health centers, addressing challenges in infrastructure and resources. The National Pension Scheme should also include informal sector workers to secure their retirement contributions. Recognizing geriatrics as a separate specialty would improve elderly care, and establishing community-based programs like daycare and outreach can further support this demographic with the government's stewardship.

Ethical issues: The study did not pose any direct risks or benefits to any persons as there was no direct contact with participants. Transparency and reproducibility are assured through the documentation of all decisions taken to include or exclude studies throughout the review process. The main study received ethical approval from the Namibia University of Science and Technology Faculty Research Ethics Committee (F-REC) on 06 November 2023, approval code FHNRS:61/2023. The Ministry of Health and Social Services also granted approval on 09 January 2024, approval reference 22/3/1/2.

Limitations: The search strategy has eliminated articles not published in English; it may omit

crucial articles; this is the review's limitation. Therefore, publications produced in different languages should be considered in future reviews.

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Author contributions: All authors have contributed to the production of this review. MH, as the main author, wrote the protocol and the study. RM and LA formed part of the reviewer for eligible article selection and provided critical comments on the protocol draft and the manuscript.

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APPENDICES

Table 1: The search strategies used in the process of looking for eligible studies.

1. (("elderly" OR "old" OR "ageing" OR "aged" OR "Aged 60 years and older" OR "elder*" OR "Seniors" OR "Geriatric" AND ("Community-based elderly care" OR "level of care" OR "Eldercare" OR "long-term care" OR "formal care" OR "informal care" OR "home-based services" OR "Community Health Service*" AND ("Low- and middle-income countries" OR "Poor countries" OR "developing countries"))
2. (("elderly" OR "old" OR "ageing" OR "aged" OR "Aged 60 years and older" OR "Seniors" OR "Geriatric" AND ("Community-based elderly care" OR "level of care" OR "Eldercare" OR "long-term care" OR "formal care" OR "informal care" OR "home-based services" OR "Community Health Services" AND ("Low- and middle-income countries" OR "Poor countries" OR "developing countries"))
3. ((elderly OR old OR ageing OR aged OR "Aged 60 years and older" OR elder* OR Seniors OR Geriatric AND ("Community-based elderly care" OR "level of care" OR "Eldercare" OR "longterm care" OR "formal care" OR "informal care" OR "home-based services" OR "Community Health Service*" AND ("Low - and middle -income countries" OR " Poor countries " OR " developing countries"))

Table 2: The summary of eligible articles

Author & Year	Country	Study Design	Sample size	Objective	Key findings related to the review question
Riumallo Herl, 2022 (48)	South Africa	Desktop	5059	To evaluate the association between pension exposure and dimensions of health amongst older persons	The older person's pension exposure most likely to have a longlasting positive impact on health by delaying the onset of physical impairments. Th highlights how South Africa's social grant may be helpful in either postponing the onset of physical disabilities or providing assistance in managing them. The old age stipend might give a household the opportunity to buy health-maintaining goods or a better diet.
Goharinezhad, 2016 (25)	Iran	Qualitative	37	To identify the challenges of elderly care in Iran and to help policymakers develop roadmaps for the future by providing a clearer image of the current state of affairs in this area of healthcare.	Five main issues arose from the aged care process: access, technical infrastructure, integrity and coordination, policymaking, and health-based care services.
Martey, 2022 (22)	Ghana	Desktop	14,009 households	To estimate the extra cost of an elderly household member. To examine the relationship and mechanism between the elderly and household welfare in Ghana.	Rural households with older family members experience more additional costs compared to urban households. An older person's presence decreased household welfare by about 4%. Homes without any older people members recorded the best standard of living index, while households with the highest number of older people reported the lowest standard of living index.

Adamek et al, 2022 (3)	Sub-Saharan Africa	Online Survey	72	To identify the major challenges faced by older adults and older adults' assets as viewed by experts.	Out of 15 challenges affecting older persons in sub-Saharan Africa, poverty, food insecurity, disability, health issues, and the growing need for long-term care were identified as the top five. In sub-Saharan Africa, the two biggest concerns for the future of older persons are the lack of social services catered to their requirements (57%) and the lack of government attention to their needs (63%), respectively.
Abekah-Carter et al, 2022 (49)	Ghana	Qualitative study	14	To explore and understand the pertinent needs of older people in Ghana, and ascertain from them how they could be supported by the state to meet their needs.	The study discovered that older people desired social events where they could interact with other seniors, enough diet, good healthcare, and appropriate housing. Providing sufficient financial support, quality healthcare, frequent organisation of social and group events for older people, and the availability of home care and support could assist them in meeting these demands.
Amini et al, 2021 (40)	Iran	Desktop	Health care systems	To examine Iran's health care system and informal care in consideration of the country's demographic changes.	There is little data and information regarding the efficacy and efficiency of informal care in Iran. Policymakers' lack of attention to the nation's demographic shift has resulted in limited funds for pertinent research and insufficient resources for providing high-quality elder care.
Feng, 2019 (36)	China	Desktop	Long-term care policies	To highlight the phenomenon of global convergence in population aging and the resulting long-term care policy challenges shared across LMICs.	The challenges of aging are most acutely felt in low- and middle-income countries (LMICs), as the population ages faster than policies and services for elder care are developed. The problems include the weakening of informal family care networks, the rise in the need for formal long-term care for the frail and disabled who are unable to receive enough help from their families, and the increasing demands on policymakers to address these societal issues.
Mefters, 2022 (35)	Ethiopia	Qualitative	12	To explore the health-related experiences of dependent rural elderly who get care and support within a family setting.	Elderly people who are dependent and live in rural areas face several physical and psychological issues, such as difficulties with vision and movement, emotions of loneliness, grief, and sadness, feelings of inferiority within the family, abuse, and neglect, a lack of meaningful activities, and the perception of being a burden to the family. Economic hardships can make it difficult for families of the elderly to provide adequate care.

Africa et al, 2019 (41)	South Africa	Qualitative	64	To understand older persons' experiences of primary healthcare services in their communities.	Findings showed that, although participants in the high-income area faced few obstacles in receiving quality care or support services, those in lower-income areas experienced significantly less responsive service, and they showed low levels of trust in the healthcare system, believing that their needs were overlooked. Participants who experienced poor doctor-patient communication did not follow through on their treatment plans, whereas those who had patient-centered communication—either through private-sector partnerships or NGO-public sector collaborations—perceived better care.
Kandapan et al, 2023 (50)	India	Desktop survey	30 370	To determine whether the older adults' living arrangement is one of the potential determinants of their level of life satisfaction (LS).	The findings reveal that 45.5% and 25.4% of the elderly, respectively, reported having a high and low level of LS. Living alone was linked to a low level of LS. Co-residing with a spouse was associated with an increased chance of reporting a high level of LS. The study also discovered that having both spouse and children as coresident increases the likelihood of reporting a high level of LS.
Ebimgbo et al, 2022 (51)	Nigeria	Qualitative	40	To assess the the extent to which families and communities provide care to older adults as well as social work implications.	Older people receive more social support, material, health, and instrumental support from their families than from the community.
Teka & Adameck, 2024 (52)	Ethiopia	Qualitative	29	To explore the psychosocial needs of older adults in a residential elder care center from the perspective of both staff and residents.	The elderly are largely isolated from society. They eat the same meal every day and live subsistence lifestyles with little access to basic amenities. They yearned for meaningful social connection more than they did for basic conveniences. Staff members undervalue and underuse psychological support, which puts older people's psychosocial well-being in jeopardy.
Cadmus et al, 2023 (53)	Nigeria	Mixed method	1,180	To determine factors associated with the preferred care setting among community-dwelling older persons and explore their views about their choices.	The studies show that older persons favor Age in Place despite their functional capacity.

Matthews et al, 2023 (33)	South Asia	Mixed method	Review and qualitative (local informants number not indicated)	To review the health and socioeconomic resources currently available for older people in South Asian countries, Bangladesh, India, Nepal, Pakistan, and Sri Lanka, to identify gaps in available resources and assess areas for improvement.	Few postgraduate training programs existed in geriatric medicine or psychiatry, so it was unclear how many medical practitioners were skilled in caring for the elderly. Older adults are, therefore, cared for by general physicians, nurses and community health workers, all of whom are present in insufficient numbers per capita.
Kraus & Riedel, 2022 (42)	nine middle-income countries (MIC)	Desktop	Document analysis	Assesses gaps and deficits in the provision of long-term care (LTC) services.	It is discovered that very few older people have legal rights to particular LTC services. The most common requirements for being admitted to an institution are having a minimum age and having little or no money. It can be inferred that institutional care facilities are typically concentrated in wealthy or urban locations. They frequently only exist in the capital region, but even then, their capabilities are constrained. Home-based care is hardly available at all.
Risal et al, 2020 (44)	Nepal	Cross-sectional survey	439	Explore the quality of life (QoL) of the elderly in Nepal and their special needs	The quality of life (QoL) of the elderly in Nepal could be enhanced by providing them with care that is focused on their mental and physical health, fostering stronger family bonds, and ensuring their financial independence.
Dawud et al, 2022 (34)	Ethiopia	Qualitative	20	To examine the challenges and needs of formal caregivers working in older adult homes.	Due to their high workloads, long hours, lack of training, and low compensation, caregivers faced many challenges. Among these challenges were handling the challenging behavior of elderly individuals, being near health hazards, and carrying a tremendous workload. The heavy burden of caring for the elderly in environments with little resources produced negative effects that filtered into the personal lives of those who provided the care. Formal caregivers in developing nations can better meet the requirements of long-term care residents by receiving training in geriatric care, adequate compensation, and long-term care best practices.

Nkansah et al, 2021 (37)	Ghana	Qualitative	12	To explore the challenges neglected older adults experience and the strategies they employ to cope.	Neglected older adults face financial hardships, health issues, and social isolation. They also lack wholesome food and comfortable accommodation. These neglected older adults survived by adopting internal and external coping mechanisms.
Kumar & Kumar, 2019(39)	India	Desktop	27,245	The purpose of this study was to compare the pattern of living arrangements and economic dependency among the elderly in Empowered Action Group (EAG) and those demographically more advanced states of India called non-EAG states.	The percentage of older adults living alone and economic dependency is higher in non-EAG states than in EAG states. Age, gender, and education are the main factors of economic dependency, whereas the number of surviving children, education, and the quintile of consumer expenditure are the major predictors of living alone.
Boro et al, 2023 (17)	India	Desktop	9231	To investigate the association between the change in living arrangements after reaching age 60 years with subjective well-being and psychological health.	Compared to older adults who did not change their living arrangement after turning old, it was discovered that those who did so had 84% and 54% higher likelihood, respectively, of reporting worst psychological health [AOR: 1.84; CI: 1.48–2.27] and worst subjective well-being [AOR: 1.54; CI: 1.22–1.93].
Hossain et al, 2019 (45)	Bangladesh	Qualitative	362	To measure self-reported health problems, health care seeking behavior and expenditure coping mechanism of older people, and to describe its implication for primary health care delivery.	The most common self-reported health problems were fever (43.8%) and bodily pain (15.2%). Of the respondents, more over half (57.5%) experienced another health issue. The majority of older adults (54%) paid for their own medical treatment out of pocket. Just 2% of older adults had to take out loans or sell assets to pay for their medical expenses.
Mahapatro et al, 2017 (46)	India	Desktop	9,852	To examine the association between living arrangements with health among older people.	Older adults in poorer health prefer co-residential arrangements. It's possible that these arrangements provide older individuals with the care, support, and health awareness they need to enhance their ongoing health status and receive the healthcare interventions they need for the many illnesses they've experienced.

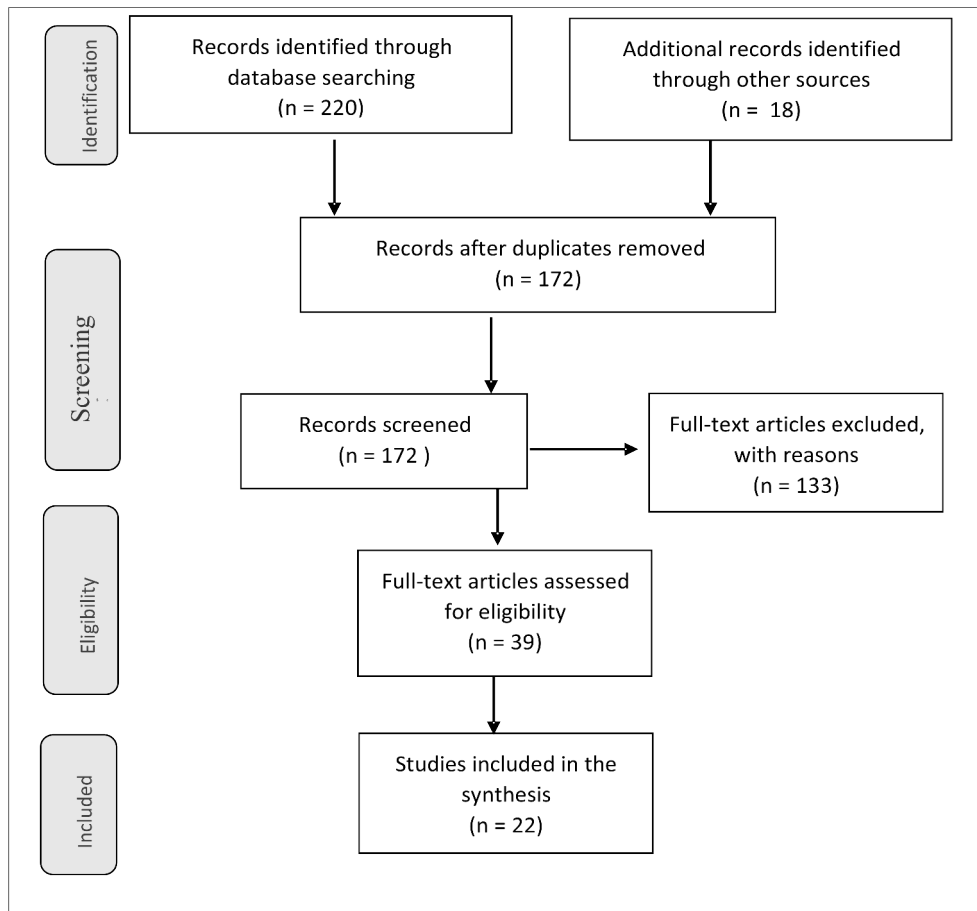


Figure 1: PRISMA flow chart for selected studies